

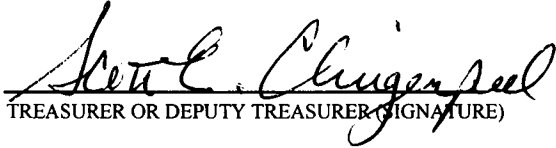
SEEC FORM 30

**Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 5/08**



091434
Do Not Mark in This Space For
Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE (Check Box)			
Merrell Campaign III				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
Title	First	MI	Last	Suffix			
	Scott	E	Clingenpeel				
4. TREASURER ADDRESS							
Street Address		City		State		Zip Code	
10 Nathan Hale		Norwalk		CT		06854	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT NUMBER (if applicable)		
(mm/dd/yyyy) 11/2/2010		Governor					
8. CANDIDATE NAME							
Title	First	MI	Last	Suffix			
Dr	Scott	P.	Merrell				
9. TYPE OF REPORT (Check One Box)							
<input type="checkbox"/> January 10 filing		<input type="checkbox"/> 7th day preceding primary		<input type="checkbox"/> Initial Itemized Statement accompanying application for Public Grant		<input type="checkbox"/> Initial Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election	
<input checked="" type="checkbox"/> April 10 filing		<input type="checkbox"/> 30 days following primary		<input type="checkbox"/> Additional Itemized Statement in further support of application for Public Grant		<input type="checkbox"/> Supplemental Statement <input type="checkbox"/> Primary <input type="checkbox"/> Election	
<input type="checkbox"/> July 10 filing		<input type="checkbox"/> 7th day preceding election		<input type="checkbox"/> Declaration of Excess Receipts or Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> Election		<input type="checkbox"/> Deficit	
<input type="checkbox"/> October 10 filing		<input type="checkbox"/> 45 days following special election		<input type="checkbox"/> Post Primary Itemized Statement accompanying request for General Election Grant		<input type="checkbox"/> Termination	
						<input type="checkbox"/> Amendment to Type of Report: _____	
10. PERIOD COVERED							
Beginning Date				Ending Date			
January 1 st , 2009				thru April 10 th 2009			
11. 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)			SCOTT E. CLINGENPEEL PRINT NAME OF SIGNER			4/10/2009 DATE (mm/dd/yyyy)	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.							

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
 Candidates for Statewide Offices and General Assembly
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 5/08

**SUMMARY PAGE
 TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed	0	\$0.00
13. Balance on hand at the beginning of Reporting Period	0	0
14. Contributions received from Individuals (Sections A and B)	0	0
15. Receipts from Other Committees (Sections C1 +C2)	0	0
16. Other Monetary Receipts (Sections D-I)	0	0
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	0	0
18. Total Monetary Receipts (add totals for lines 14-17)	0	0
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	0	0
20. Expenses Paid by Committee (Section N)	0	0
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both Columns)	0	0
22. In-Kind Donations not Considered Contributions Received (Section J3)	0	0
23. In-Kind Contributions Received (Section K)	0	0
24. Refundable Deposit to Telephone Company (Section L)	0	0
25. Receipts of Organization Expenditures (Section M)	0	0
26. Beginning Loan Balance	0	0
26a. + Loans Received (Section D)	0	0
26b. + Interest and Penalties on Loan(s)	0	0
26c. - Payments on Loan(s)	0	0
26d. Total Outstanding Loan Amount	0	0
27. Campaign Expenses Paid by Candidate (Section O)	0	0
28. Expenses Incurred on Committee Credit Card (Section P)	0	0
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	0	0
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	0	0

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE Merrell Campaign III	FILING DUE DATE Apr 10 2009
A. Total Contributions from Small Contributors Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	
\$ 0	

B. Itemized Contributions from Individuals

Last Name	First	MI	Method of contribution:	Contribution ID #	Amount of Contribution
			<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	
			<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	
			<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	
			<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> _____	
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions	
SUBTOTAL Section B-This Page					0
TOTAL of all Section B Pages					0
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 14 of Summary Page)					0

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE
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C1. Contributions from Other Committees

Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1?		Amount of Contribution
			<input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No		
City	State	Zip Code	Date Received	Aggregate Contributions	

C2. Reimbursements or Payments from other Committees

Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
			<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services		
City	State	Zip Code			

SUBTOTAL Section C-This Page

TOTAL of additional Section C Pages

TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 15 of Summary Page)

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE <u>Merrell Campaign III</u>	FILING DUE DATE <u>April 10 2009</u>
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D. Loans Received this Period

Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other			
Name of Cosigner/Guarantor				Date of Receipt			\$ <u>0</u>
Street Address	City	State	Zip Code				
Name of Lender				Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input type="checkbox"/> No	Amount Received
Street Address	City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Other			
Name of Cosigner/Guarantor				Date of Receipt			\$ <u>0</u>
Street Address	City	State	Zip Code				

Total Section D (Enter Total on Line 26a on Summary Page)

\$ 0

E. Personal Funds of the Candidate Received this Period (Candidate Committees Only)

Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Total Amount Received
_____		_____		\$ <u>0</u>
Amount		Amount		

F. Anonymous Contributions (Specify dollar amount of the bills received)

Date Received	Amount	Date Received	Amount	Total Amount Received
\$1 bills _____	\$5 bills _____	\$1 bills _____	\$5 bills _____	
coins _____	\$10 bill _____	coins _____	\$10 bill _____	

G. Interest from Deposits in Authorized Accounts

Date Received	Amount	Date Received	Amount	Total Amount Received
Name of Institution		Name of Institution		
Street Address		Street Address		
City	State	City	State	

\$ 0

I. MONETARY RECEIPTS (Sections A-I)

NAME OF COMMITTEE	FILING DUE DATE

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount _____
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount _____
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount _____
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election <input type="checkbox"/> Supplemental/Excess Expenditures <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	Date of Receipt _____	Amount _____

Total Section H \$

I. 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		
\$		

Total Section I \$ 0

Summary of Other Monetary Receipts (Sections D-I)

Total Loans Received this Period (Section D)	+	0
Total Amount of Personal Funds of the Candidate Received this Period (Section E)	+	0
Total Amount of Anonymous Contributions (Section F)	+	0
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+	0
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)	+	0
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)	+	0
Total of Other Monetary Receipts not Considered Contributions <i>(Enter total on Line 16 of Summary Page)</i>		0

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DATE DATE
Menell Company TIF	April 10 2009

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section J3 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 \$50? Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section J3 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 \$50? Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section J3 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 \$50? Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section J3 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section J3 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 \$50? Yes (If yes, go to Section J2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of Purchaser Last Name <i>(Individuals ONLY)</i>					First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #			
Items Purchased									
Name of Purchaser Last Name <i>(Individuals ONLY)</i>					First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #			
Items Purchased									
Name of Purchaser Last Name <i>(Individuals ONLY)</i>					First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #			
Items Purchased									
Name of Purchaser Last Name <i>(Individuals ONLY)</i>					First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #			
Items Purchased									
Name of Purchaser Last Name <i>(Individuals ONLY)</i>					First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #			
Items Purchased									
Name of Purchaser Last Name <i>(Individuals ONLY)</i>					First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #			
Items Purchased									
Name of Purchaser Last Name <i>(Individuals ONLY)</i>					First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #			
Items Purchased									
Name of Purchaser Last Name <i>(Individuals ONLY)</i>					First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #			
Items Purchased									
SUBTOTAL Section J2-This Page									0
TOTAL of additional Section J2 Pages									0
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 17 of Summary Page)</i>									0

II. FUNDRAISING ACTIVITY

NAME OF COMMITTEE <i>Merrell Campaign III</i>	REPORTING DATE <i>April 10 2009</i>
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Is In-Kind Donations Not Considered Contributions

Name of Donor	Donation given by:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #

	SUBTOTAL Section J3-This Page	<i>0</i>
	TOTAL of additional Section J3 Pages	<i>0</i>
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 22 of Summary Page)		<i>0</i>

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE <i>Mewell Campaign III</i>	FILING DUE DATE <i>Apr 10 2009</i>
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K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			Aggregate contributions	0

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			Aggregate contributions	0

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			Aggregate contributions	0

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			Aggregate contributions	0

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution			Aggregate contributions	0

SUBTOTAL Section K-This Page

TOTAL of additional Section K Pages

TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23 of Summary Page)

L. Refundable Deposit to Telephone Company

(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)

Last Name of Individual		First Name		MI	Date Deposit Made		Amount of Deposit
Residential Street Address		City	State	Zip Code			
Name of telephone company							0
Street Address		City	State	Zip Code			

Total Section L (Enter total on Line 24 of Summary Page)

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DATE	
Merrill Campaign III				April 10 2009	
All Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucuses, and Party Committees					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation 0
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation 0
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation 0
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation 0
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation 0
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation 0
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation 0
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Total Section M (Enter total on Line 25 of Summary Page)					0

IV. EXPENDITURES

NAME OF COMMITTEE <i>Menell Campaign III</i>	FILING DUE DATE <i>April 10 2009</i>
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N. Expenses Paid by Committee

Name of Payee				Date of Payment	Method of Payment	0
Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name _____ Office Sought _____		\$
Name of Payee				Date of Payment	Method of Payment	0
Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name _____ Office Sought _____		\$
Name of Payee				Date of Payment	Method of Payment	0
Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name _____ Office Sought _____		\$
Name of Payee				Date of Payment	Method of Payment	0
Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name _____ Office Sought _____		\$
Name of Payee				Date of Payment	Method of Payment	0
Street Address	City	State	Zip Code	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name _____ Office Sought _____		\$
SUBTOTAL Section N-This Page						0
TOTAL of additional Section N Pages						0
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page)						0

IV. EXPENDITURES

NAME OF COMMITTEE				FILING PERIOD		
Newell Campus III				April 10 2009		
O. Campaign Expenses Paid by Candidate						
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount 0
Street Address		City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount 0
Street Address		City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount 0
Street Address		City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount 0
Street Address		City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount 0
Street Address		City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount 0
Street Address		City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount 0
Street Address		City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount 0
Street Address		City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount 0
Street Address		City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
SUBTOTAL Section O-This Page					0	
TOTAL of additional Section O Pages					0	
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 27 of Summary Page)					0	

IV. EXPENDITURES

NAME OF COMMITTEE <i>Merrell Canyon IA</i>	FILING DUE DATE <i>Apr 10 2009</i>
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P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____
------------------------------------	---

Name of Vendor	Date of Transaction	Amount
Street Address	City	0
	State Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	0
	State Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	0
	State Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	0
	State Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	0
	State Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	0
	State Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	0
	State Zip Code	
Purpose of Expenditure (by code)	Description	Event #

Name of Vendor	Date of Transaction	Amount
Street Address	City	0
	State Zip Code	
Purpose of Expenditure (by code)	Description	Event #

SUBTOTAL Section P-This Page	0
TOTAL of additional Section P Pages	0
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 28 of Summary Page)	0

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE			
Newell Campaign III				April 10 2007			
Q Expenses Incurred by Committee but Not Paid During this Period							
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i> 0	
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No				Other Candidate(s) Name			
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i> 0	
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No				Other Candidate(s) Name			
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i> 0	
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No				Other Candidate(s) Name			
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i> 0	
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No				Other Candidate(s) Name			
Name of Creditor				Date Incurred		Amount Incurred <i>(Estimate or Actual)</i> 0	
Street Address		City		State	Zip Code		
Purpose of Expenditure (by code)		Description		Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No				Other Candidate(s) Name			
SUBTOTAL Section Q-This Page						0	
TOTAL of additional Section Q Pages						0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 29 of Summary Page)</i>						0	
Previously reported Expenses Unpaid and still Outstanding						+ 0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 29a of Summary Page)</i>						0	

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE		
Merrell Campur IFF				April 10 2009		
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant			Date of Payment		Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Secondary Payee			Purpose of Expenditure (by code)			
Street Address		City	State	Zip Code		0
Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No			Other Candidate(s) Name		Office Sought	\$
Name of Worker/Consultant			Date of Payment		Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Secondary Payee			Purpose of Expenditure (by code)			
Street Address		City	State	Zip Code		0
Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No			Other Candidate(s) Name		Office Sought	\$
Name of Worker/Consultant			Date of Payment		Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Secondary Payee			Purpose of Expenditure (by code)			
Street Address		City	State	Zip Code		0
Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No			Other Candidate(s) Name		Office Sought	\$
Name of Worker/Consultant			Date of Payment		Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Secondary Payee			Purpose of Expenditure (by code)			
Street Address		City	State	Zip Code		0
Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (If yes, complete candidate name and office sought) <input type="checkbox"/> No			Other Candidate(s) Name		Office Sought	\$
SUBTOTAL Section R-This Page					0	
TOTAL of additional Section R Pages					0	
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS					0	

NAME OF COMMITTEE	FILING DUE DATE
<i>Menard Campaign LLC</i>	<i>April 10 2007</i>

S. Surplus Distribution of Equipment and Furniture

Name of Recipient	Original Purchase Amount of Item
Street Address	0
City	
State	
Zip Code	
Description of Item	
Name of Recipient	Original Purchase Amount of Item
Street Address	0
City	
State	
Zip Code	
Description of Item	
Name of Recipient	Original Purchase Amount of Item
Street Address	0
City	
State	
Zip Code	
Description of Item	
Name of Recipient	Original Purchase Amount of Item
Street Address	0
City	
State	
Zip Code	
Description of Item	
Name of Recipient	Original Purchase Amount of Item
Street Address	0
City	
State	
Zip Code	
Description of Item	
Name of Recipient	Original Purchase Amount of Item
Street Address	0
City	
State	
Zip Code	
Description of Item	
Name of Recipient	Original Purchase Amount of Item
Street Address	0
City	
State	
Zip Code	
Description of Item	
Name of Recipient	Original Purchase Amount of Item
Street Address	0
City	
State	
Zip Code	
Description of Item	
SUBTOTAL Section S	
	0

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I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE Merrill Cummings III **FILING DATE** April 10 2009

B. Itemized Contributions from Individuals

Last Name		First		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code	Date Received		
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> _____		Aggregate contributions		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions		
Last Name		First		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code	Date Received		
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> _____		Aggregate contributions		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions		
Last Name		First		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code	Date Received		
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> _____		Aggregate contributions		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions		
Last Name		First		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code	Date Received		
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event #</i> _____		Aggregate contributions		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Aggregate contributions		

SUBTOTAL Section B-This Page

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I. MONETARY RECEIPTS
Section C1. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>			Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	

SUBTOTAL Section C-This Page

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II. FUNDRAISING EVENT ACTIVITY

Section J2. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received
Event #				
Items Purchased				

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II. FUNDRAISING EVENT ACTIVITY
Section J3. Additional Page

NAME OF COMMITTEE	FILING DUE DATE

J3. In-Kind Donations Not Considered Contributions

Name of Donor	Donation given by:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #
Street Address	City	State	Zip Code	Aggregate value for this event
Description of donation			Date Received	Event #

SUBTOTAL Section J3-This Page

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III. NONMONETARY RECEIPTS

Section K. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			Aggregate contributions	

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			Aggregate contributions	

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			Aggregate contributions	

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			Aggregate contributions	

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			Aggregate contributions	

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			Aggregate contributions	

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IV. EXPENDITURES
Section N. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
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N. Expenses Paid by Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code			Description	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code			Description	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code			Description	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code			Description	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address				Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
City	State	Zip Code			Description	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No				Other Candidate(s) Name	Office Sought	\$

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IV. EXPENDITURES
Section O. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
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O. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of Expenditure (by code)	Description			Event #		

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IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
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P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____
------------------------------------	---

Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #	

Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description				

Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #	

Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #	

Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #	

Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description				

Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
Purpose of Expenditure (by code)	Description			Event #	

Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
	Description			Event #	

SUBTOTAL Section P-This Page

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IV. EXPENDITURES
Section Q. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

Q. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
\$				

Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
\$				

Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
\$				

Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
\$				

Name of Creditor		Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address		City	State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes, complete candidate name and office sought</i>) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
\$				

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IV. EXPENDITURES
Section R. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
--------------------------	------------------------

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Secondary Payee	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code
Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Secondary Payee	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code
Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Secondary Payee	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code
Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Secondary Payee	Purpose of Expenditure (by code)	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code
Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes (<i>If yes</i> , complete candidate name and office sought) <input type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$

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CODED PURPOSES FOR EXPENDITURES

(Compatible with Section N, D, P, Q, A, R of the STATE Form 30)

(Note: An asterisk placed to the left of an expenditure code indicates that the Description Field is Mandatory.)

(Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurers must read the committee guide applicable to their type of committee. Candidates who participate in the Citizens' Election Program are subject to additional restrictions on uses of public campaign funds.)

Advertising – Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. Include the costs for *both* the **development and the delivery** of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below, *not* as **Professional Consultant (CNSLT)**, which is a code that should only be used when no other expenditure code applies. If a single advertising message is developed for several of the delivery mechanisms listed below, use **A-OTH** for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used. **Note:** The one **exception** to this advertising rule is when advertising content includes, as part of the message, an invitation to individuals to attend a fundraising event in return for a contribution or attendance fee. **Fundraising Event** advertising must be coded **FNDR** (see explanation below) irrespective of the advertising delivery method.

A-DM—expenditure to **advertise through direct mail.**

A-MAG—expenditure to **advertise through a magazine.**

A-NEWS—expenditure to **advertise through a newspaper.**

A-ATM - expenditure to advertise using an **automated telephone/fax message, or an automated telemarketing message.**

A-PH-BNK—expenditure for the use of **phone banks**, where people are speaking as distinguished from pre-recorded messages (above) and polls and surveys (below).

A-RAD—expenditure to **advertise on radio.**

A-SIGN□ expenditure for the cost of preparing, printing, producing or distributing lawn or billboard **signs** visible from any street or highway.

A-TV—expenditure to **advertise on television.**

A-WEB—expenditure to advertise on the **World Wide Web**. This includes Webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. See WEB for other web related expenditures.

A-OTH—any expenditure for any **other advertising**, not listed above, like the cost of (a) posters, stickers, streamers, banners, *etc.* for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, *etc.*); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in ad books, in schools or civic organizations' pamphlets or bulletins, or (e) ad books for fundraising events held by other committees.

***ATT** – expenditure for **attendance fee or entrance fee** for any person to a (1) fundraiser held by *any* committee; (2) an inaugural event of any candidate; (3) an educational course or training seminar; *etc.* In the text box of the **Description Field**, which is **mandatory** under this expenditure category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

BNK - expenditure to record any payment of **BANK fees, interest charges, or penalties** assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Sec. P of the Form 30, entitled "Expenses Incurred on Committee Credit Card".

CCP - expenditure to record any **payment of the Credit Card bill**, including partial payments, finance charges, and mid-cycle payments. See Sec. P of the Form 30, entitled "Expenses Incurred on Committee Credit Card", to record actual charges made against the credit card account, including any finance charges.

CEF - expenditure to record any payment to the State of Connecticut's **Citizens Election Fund ("CEF")**. Checks should be made payable to the **Treasurer- State of Connecticut and sent to the State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106**. This expenditure code does not apply to the **SRPLS** (Surplus Distribution) expenditure code explained below.

CHAR – expenditure for a payment of committee funds to a tax-exempt **charitable** organization (26 U.S. Code 501(c)).

CNSLT – expenditures to a professional **consultant**. Professional consultants are individuals or entities that are paid by the committee as independent contractors for their professional advice. They are not salaried employees and they are not individuals who are serving the committee as volunteers. Examples: management firms, public relations firms, lawyers and accountants, *etc.* However, for payments to professional consultants who design polls and surveys, or advertising messages, use the more specific code (ex. **A-DM, A-OTHR, POLLS**). If the payment to a professional consultant includes costs paid or incurred to some other vendor, following completion of the entry of this expenditure, go immediately to Section R, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of **Secondary Payees**.

CNTRB— expenditures that are **contributions to another committee**. The expenditure of a committee's funds to make a contribution to another committee is to be distinguished from an expenditure of committee funds to **pay the other committee (POC)** for shared expenses or fair market value of goods or services provided to the committee by another committee acting as a vendor. See explanation of **POC** below.

***EFV** – expenditures for **equipment, furniture, and vehicles**. Record only the portion of the cost that is actually paid. Cost includes any costs associated with the delivery or installation of the item. Equipment includes computers, printers, phones, *etc.* The text box of the **Description Field**, which is **mandatory** in this situation, must list the item, and whether the expenditure is a purchase, rental or lease. **Note:** Vehicles may only be leased and may not be purchased.

FOOD - expenditures paid directly to a vendor for food and beverage, **except** if the vendor is paid for these items in association with the committee's own sponsored **fundraiser** (see **FNDR** below) or the committee's own sponsored **inaugural event** (see **INAUG** below.)

CODED PURPOSES FOR EXPENDITURES
(For use with Sections N, O, P, Q & R of the SEEC Form 30)

(Note: Asterisk * adjacent to the left of an Expenditure Code indicates that Description Field is Mandatory)

(Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurers must read the committee guide applicable to their type of committee. Candidates who participate in the Citizens' Election Program are subject to additional restrictions on uses of public campaign funds.)

FNDR - expenditures associated with holding a committee fundraising event (i.e. payments to restaurants, hotels, caterers, food and beverage vendors, invitations, entertainers performing at the event, paid speakers, etc.) Advertising content that includes as part of the message invitations to individuals to attend a committee fundraising event in return for a contribution or attendance fee must, however, be coded **FNDR** irrespective of the advertising delivery method. **Note:** This expenditure category **must not include** expenditures of the committee's funds for the **ATT (Attendance fees)** of any persons attending **any** other committee's fundraising event.

***GIFT** - record the purchase of any item that is to be given as a gift to any individual or entity. Gifts to committee workers are limited to an aggregate of \$100 per recipient. The text box of the **Description Field**, which is **mandatory** in this situation, must identify the item purchased as well as the name and address of the individual or entity who is the recipient of the committee's gift.

INAUG - expenditures relating to the committee's costs for hosting an **inaugural event** for the committee's own candidate. This code does not include expenditures by the committee for attendance fees of individuals to another committee's inaugural event, which must be coded as **ATT-Attendance fee** (see above).

LOAN - expenditures to record the payment of committee's **LOAN**, whether principal, interest or both. (**Note:** Any penalties assessed for non-payment on a loan should, if not paid by the payment due date, must be disclosed as additional "Expenses Incurred by Committee but not Paid During This Period" in Sec. Q of the Form 30.

OFFICE-expenditures for **office supplies** such as paper, pens, printer cartridges, etc.

OVHD - expenditures of **overhead operating** costs, including the cost of renting office space, parking spaces, repairing or servicing office furniture and equipment used in connection with committee activities, related insurance, utility payments for committee headquarters, subscriptions and similar overhead operating expenses.

PETTY - expenditure to replenish the committee's petty cash fund.

POC - expenditures to record a **payment to another committee** at fair market value for goods, services or other things of value provided by that other committee acting as a vendor or as a reimbursement of a shared expense. Examples: payment for a mail list, contact list or email distribution list prepared and produced by the other committee, or for the cost of the salaries of the other committee's salaried employees who were loaned to the committee, etc. Absent payment to the other committee at fair market value for such benefits received, **within 45 days of receipt**, the committee would be receiving an **In-Kind Contribution** from the other committee. (**Note:** **In-Kind contributions** do not require an expenditure code because they are receipts of the committee, not expenditures.) The **POC** expenditure code category must be distinguished from expenditures that are coded as **CNTR (contributions to another committee)**.

POLLS - expenditures associated with **conducting polls and surveys**. This category is to be distinguished from **A \square PH-BNK** (phone banks) because the information isn't just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report. If a professional consultant is both designing **and** conducting the poll or survey, uses **POLLS** as the expenditure code, not "**CNSLT**" (see above).

POST-expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

PRNT- expenditures associated with the costs of **printing**, photocopying or reproducing literature, stationery, invitations and the like.

RCW - Expenditures to **Reimburse Committee Workers**, which may include a candidate for candidate committees. This is when the cost of payment for something needed by the committee is advanced by the committee worker and reimbursement is sought and obtained from the committee's treasurer who authorized the payment within 45 days of receipt of the paid for item. **Note:** Absent reimbursement to the committee worker **within 45 days of receipt** of the paid for item, the committee would be receiving an **In \square Kind Contribution** from the committee worker. After making payment to the worker, reporting this item also requires full reporting of the **Secondary Payees** appearing on the payment slip of the committee worker. Go immediately to Section R, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of Secondary Payees. Further **Note:** When reimbursing the candidate, report the purchase in Section O of the Form 30, entitled "Campaign Expenses Paid by the Candidate."

REF - **Refunds** are expenditures of any committee funds that were deposited into the committee's checking account and then returned to a contributor or any other revenue source for any reason.

SRPLS - expenditures which are **surplus distributions** in connection with the termination and dissolution of the committee.

TRVL - expenditures for an individual's **transportation** costs and **lodging** authorized by the treasurer, such as the cost of gasoline, other transportation fare, and lodging. The cost of **attending** any event should be coded as **ATT (Attendance)** (see above) and **any separate payment** for **food** outside the cost of the attendance fee should be coded as **FOOD**.

WAGE - expenditures for **Wages and benefits** paid to the committee's staff. This is to be distinguished from payments to professional consultants "**CNSLT**" who are independent contractors.

WEB - Expenditures for accessing and having a presence on the **WEB**. This includes payments to develop or maintain: (a) a committee web site and homepage; (b) an internet provider; (c) a domain name on the internet; (d) payments to a merchant account processor or a payment gateway provider to enable the committee to receive online credit and debit card contributions over the internet; and (e) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web - see A-WEB above.