SEEC FORM 30

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





Page 1 of 17

SUMMARY PAGE

A NAME OF COMM	TTEE TS TEACHTRANT TO THE ART		de tra Margarias (c. Michiganistic		OMMUTTUK (Check Ber) :-
Merrel	Campaixi				date Committee ratory Committee
3. TREASURER NAM					
Title	Sco H	MI /_	Clinsen De	/	Suffix
A-TER VERREE ADD			Chinente	<u>e j</u>	and the second
Street Address	111	City	State	2	Cip Code
10 Nat	han Male	Nonval	.K C	-T	06859
5. ELECTION DATE (mm/dd/yylyy)	6. OFFICES	OUGHT (grappitcable)	18 C 1 A 12 1 1 2 1	7. DISTRICT N	JMBER (Fagalicable)
1 4 7 7 7 7 1	010 (90	vernor		II	
8. CANDIDATE NAM	TE First /	LMI	Last		Suffix
Dr	Soft	P	Merrell		
9. TYPE OF REPORT	(Check One Box)	1 1 1	7.12		
☐ January 10 filing	☐ 7th day preceding primary	☐ Initial Itemized Stateme	—] Deficit
April 10 filing	☐ 30 days following primary	accompanying application Public Grant] Termination
July 10 filing	☐ 7th day preceding election	☐ Additional Itemized Sta	☐ Supplemental Stat tement ☐ Primary		Amendment to
☐ October 10 filing	☐ 45 days following special	in further support of application for Public G		ess Receipts	Type of Report:
	election	□ Post Primary Itemized	or Expenditures Primary	□ Election	
		Statement accompanyin request for General Elec			
10. PERIOD COVERI		Grant			
SUM SURCESSION SERVICE	Beginnin	g Date En	ding Date		
	-	بالم	-		
	Janua	171 2009 thru	April 10th	2009	
		1		/	
		11. CERTIFICATIO)N		
	nd state, under penalties of f ment for the period covered			this Itemized C a	ampaign Finance
	-	•			
/		_			1 /
Kett	E (Kugen !	Leel Sco	TE. (LING	ENPESL	4/10/2009
TREASURER OR DI	EPUTY TREASURER SIGNATU	RE) PRINT NAM	E OF SIGNER		DATE (m/n/dd/yyyy)
	PENALTY FO	R FALSE STATEMENT IS P	UNISHABLE BY FINE NOT TO	O EXCEED	
			RE THAN ONE YEAR, OR BOT		

SEEC FORM 30

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

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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	0.110	\$0.00
13. Balance on hand at the beginning of Reporting Period	0	Olini
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 REC	EIPTS	(Section:	s A-I)		Page 3 of 17
NAME OF CONDITION	303600-60-3-00360-00-0-1-1-1-1-1-1-1	L			HUNGDUE	10 2009	
Merrell Campun	Small	Contaction of Received	i inici	ering(0)		A 2007	
" God to a stoke for Settition of Smoo	ARCHARDON CO.			STREET SE			
Last Name	First	200 (Guilleigher	MI	Method of	contribution:	Contribution ID #	Amount of
Residential Street Address	<u> </u>	C:t-	L	☐ Cash ☐ Money C State	☐ Personal Check Order ☐ Credit/Debit Ca Zip Code		Contribution
Residential Street Address		City		State	Zip Code	Date Received	
Principal Occupation	ncipal Occupation Name of Employer			L	Is this contribution asso fundraising event listed If yes, list Event #		
Is contributor a principal of a state contractor If yes, indicate which branch or branches of government the contract is with:		ctive state contractor? Yes No Cutive Legislative	Is contr or depe	ibutor a lobb ndent child o	yist, spouse, ☐ Yes f a lobbyist? ☐ No	Aggregate contributions	:
Last Name	First		MI	Method of ☐ Cash	contribution: Personal Check	Contribution ID #	Amount of Contribution
Residential Street Address		City	<u> </u>	☐ Money (Order Credit/Debit Ca Zip Code	Date Received	
Principal Occupation	Name of Employer Is this contribution associated with fundraising event listed in Section J. If yes, list Event #						
Is contributor a principal of a state contracto If yes, indicate which branch or branches of government the contract is with:		cctive state contractor? Yes No			yist, spouse, ☐ Yes f a lobbyist? ☐ No	Aggregate contributions	
Last Name	First	<u> </u>	MI	☐ Cash	contribution: Personal Check Order Credit/Debit Ca		Amount of Contribution
Residential Street Address		City		State	Zip Code	Date Received	į
Principal Occupation		Name of Employer			Is this contribution asso fundraising event listed If yes, list Event #		
Is contributor a principal of a state contracto If yes, indicate which branch or branches of government the contract is with:	3 _	cutive state contractor? Yes No cutive Legislative			yist, spouse, Yes of a lobbyist? No	Aggregate contributions	
Last Name	First		MI	☐ Cash	contribution: Personal Check Order Credit/Debit Ca		Amount of Contribution
Residential Street Address		City	I	State	Zip Code	Date Received	
Principal Occupation		Name of Employer			Is this contribution assefundraising event listed If yes, list Event #	l in Section J1?	
Is contributor a principal of a state contracto If yes, indicate which branch or branches of government the contract is with:	3 _	ective state contractor? Yes No cutive Legislative			oyist, spouse, ☐ Yes of a lobbyist? ☐ No	Aggregate contributions	
Last Name	First	-	МІ	☐ Cash	contribution: ☐ Personal Check Drder ☐ Credit/Debit Ca		Amount of Contribution
Residential Street Address		City		State	Zip Code	Date Received	
Principal Occupation		Name of Employer			Is this contribution asso fundraising event listed If yes, list Event #	l in Section J1? No	
Is contributor a principal of a state contractor If yes, indicate which branch or branche of government the contract is with:	s	ective state contractor?			yist, spouse, Yes of a lobbyist? No	Aggregate contributions	
					SUBTOTALS	Section B-This Page	0
						all Section B Pages	0
TOTAL OF ALL CONT	RIBUTI	ONS FROM INDIVIDUALS	(Sectio	ns A & B)			0

		I. MONI	ETARY	RECEIPT	S (Section	ns A-I)		Page 4 of 17
NAME OF COMMITTEE						FILING D	UE DATE	
	c.	Contri	hutions	from Oth	er Comr	nittees		
Name of Committee		COIII	<u>Ottoronos</u>	пош От	Name of Tre			
Address			Is this cor	ntribution asso	ciated with:	a □ Yes <i>If yes</i> , lis	. 1	Amount of Contribution
City	State	la: 0.1	fundraisir		l in Section J	1? No Event #_		
Chy	State	Zip Code		Date Received		Aggregate Contribution	s	
Name of Committee		· ·			Name of Tre	easurer	······································	
Address			Is this cor	ntribution asso	ciated with	a □ Yes <i>If yes</i> , lis	ıt	Amount of Contribution
City	State	Zip Code	fundraisin	ng event listed	l in Section J			
		Zip couc				Tigging Condition	_	
Name of Committee					Name of Tre	asurer		
Address				tribution asso			t	Amount of Contribution
City	State	Zip Code	<u> </u>	g event listed Date Received		1? No Event #		
			i			88 8		
Name of Committee			Name of Tre	easurer				
Address			Is this cor	ntribution asso	ociated with	a ☐ Yes <i>If yes</i> , lis	st	Amount of Contribution
City	State	Zip Code		ng event listed Date Received		1? No Event #_	ıs	
Name of Committee		-			Name of Tre	asurer		
Address			Is this cor	ntribution asso	ociated with	a ☐ Yes If yes, lis	st	Amount of Contribution
City	State	Zip Code		ng event listed Date Received		11? No Event #_	s	,
Name of Committee					Name of Tre	asurer		
Address		<u> </u>	Is this cor	ntribution asso	ciated with	a □ Yes <i>If yes</i> , lis	st	Amount of Contribution
City	State	Zip Code		ng event listed Date Received		1? No Event #	<u>s</u>	
Name of Committee	C2. Reiml	<u>burseme</u>	uts or P			er Committees		
Name of Committee				Name of T	reasurer			
Address			-	Date Recei	ved			Amount of Receipt
City	State	Zip Code				or shared expense		
Name of Committee				☐ Paym Name of T		s and services		
Street Address				Date Rece	ived		Ţ	Amount of Receipt
City	State	Zip Code				or shared expense s and services		
	1				SUBT	OTAL Section C-7	This Page	
and the second of the					TOTAL	of additional Section	n C Pages	
TOTAL OF ALL COMMITT	EE CONTRII	BUTIONS	AND RE	CEIPTS Œ	nter total o	n Line 15 of Summ	arv Page)	

		I. M	MONETA	RY RECEIPTS	(Sections A-I)	TO DESCRIPTION		Page 5 of 17
NAME OF COMMITTEE	Our	· 11				April	UEDATE 2004	3
				ecentral than	gent plakets	17371	i i i	
Name of Lender					Source of Loan		Is there a Cosigner	Amount Received
Street Address	City		State	Zip Code	- □ Bank □	Candidate	or Guarantor of this loan?	
				-	☐ Individual ☐	Other	☐ Yes (if yes list name and address of Cosigner/Guarantor)	
Name of Cosigner/Guarantor					individual [Otner	□ No	
Street Address	City		State	Zip Code	Date of Receipt		1	
Name of Lender					Source of Loan	•	Is there a Cosigner	S Amount Received
					□ Bank □	Candidate	or Guarantor of this loan?	A MILOUMS ACCEPT OU
Street Address	City		State	Zip Code			Yes (if yes list name and address of	
Name of Cosigner/Guarantor	·····-	· · · · · · · · · · · · · · · · · · ·			- ☐ Individual ☐	Other	Cosigner/Guarantor)	
Street Address	City		State	Zip Code	Date of Receipt		LI NO	
								\$
				Total Section 1) (Enter Total or	i Line 26a	on Summary Page)	\$
E. Person	al Fun	ds of the C	andidate	Received this	Period (Candid	date Comm	ittees Only)	
D. d. of D. o'.		Method of p	ayment:	Data of Receipt		М	ethod of payment:	Total Amount Received
Date of Receipt		☐ Cash	-	Date of Receipt		1	l Cash	
<u> </u>		☐ Personal (71I-			— ₋	Personal Check	
Amount		Personal C	_neck	Amount			J Personal Check	\bigcirc
		☐ Credit/Debit Card						
								s
	D A		Claration	itions <i>(Specify d</i>		is. 1/2992		
Date Received	Amount	порушов	Contribu	Date Received	ouar amount of t	Amount	elvea)	Total
								Amount Received
\$1 bills	\$5 bill	ls	<u>.</u>	\$1 bills		\$5 bill	s	
	¢10 k;	11		coins		¢10 L	11	
coins	\$10 01	"	-	coins		\$10 01		
								S
Ferrital description	(3. Interest	from De	oosits in Autho	rized Accoun	ts		
Date Received	Amount			Date Received		Amount		Total Amount Received
Name of Institution				Name of Institution				,
Street Address				Street Address				
City	State	Zip Cod	le	City		State	Zip Code	s
	•	· · · · · · · · · · · · · · · · · · ·			,	•	· · · · · · · · · · · · · · · · · · ·	•

		NETARY RECEIPTS	(Sections	A-I)			Page 6 of 17
NAME OF COMMITTEE				FILI	NG DUE DATE		
.	A. I. C. A. T.	nds Received from t	L - (1'''	-9 873 -43			
Purpose of Grant:	ubiic Grant Fui	ids Received from i	Date of Re		on runa	Amount	
1 .	☐ Supplemental/Ind	lependent Expenditure					
☐ Primary ☐ General or Special Election ☐ Supplemental/Post Election Deficit	☐ Primary ☐ General/Ex	eral or Special Election cess Expenditures					
		eral or Special Election			<u> </u>		
Purpose of Grant:	_		Date of Re	ceipt		Amount	
☐ Initial ☐ Primary ☐ General or Special Election							
☐ Supplemental/Post Election Deficit	☐ Supplemental/Ex-						
Purpose of Grant:	Drilliary Doen	erai of Special Election	Date of Re	ceipt		Amount	
1	☐ Supplemental/Inc	lependent Expenditure		•			
☐ Primary ☐ General or Special Election ☐ Supplemental/Post Election Deficit	☐ Primary ☐ Gene ☐ Supplemental/Ex	eral or Special Election					
		eral or Special Election					
Purpose of Grant:			Date of Re	ceipt		Amount	ı
☐ Initial ☐ Primary ☐ General or Special Election	☐ Supplemental/Inc	lependent Expenditure eral or Special Election					
	☐ Supplemental/Ex			·	_		
		-					
Secretaria de la companya de la comp		Andreas I and the second				ction H	S
Name L. Misc	ellaneous Mone	tary Receipts not C	onsidered		ransaction		Amount Received
							Amount Received
Street Address		City	S	State	Zip Code		
Description]		
Description							s
Name				Date of T	ransaction		Amount Received
Street Address		City	S	State	Zip Code		
Description							s
Name				Date of T	ransaction		Amount Received
Street Address		City	5	State	Zip Code		
Description							ļ
							s
The second section of the second seco			er Verenside	***	Total Se	etion I	s O
Sur	nmary of Other	Monetary Receipts	(Sections	D-I)	****		State and page one and the
Total Loans Received this Period (Sec					+		0
Total Amount of Personal Funds of the		ed this Period (Section I	E)		+		0
Total Amount of Anonymous Contribu	itions (Section F)		. .		+		0
Total Amount of Interest from Deposit	s in Authorized Ac	counts (Section G)			+		0
Total Public Grant Funds Received fro	m the Citizens' Ele	ction Fund (Section H)			+	(
Total Miscellaneous Monetary Receipt	s not Considered C	ontributions (Section I)			+		Q
Total of Other Monetary R (Enter total on Line 16 of Si		dered Contributions					

	II. F	UNDRA	ISING EVE	NT ACTIVITY			Page 7 of 17
NAME OF COMMITTEE	S. Carter				PRINCIPLE DATE:		
Merrell Ca	under TTE	-			Ann 10	2000	7
		T		T			
Fundraising Event #		***************************************	Street Address	differintions.	City	State	Zip Code
Fundraising Event # Date of Fundraiser Letter	Description	Location.	Succi Address		City	State	Zip Code
					i		
Was this fundraising event host	ad at a narranal racidance?	l .	ПУ	(Kura sa ta Santian I	D. I. bind Donations and Con	.:44.6.	_4!\$4!
was this fundraising event hose	ed at a personal residence?		□ 1 es		J3 In-kind Donations not Con I information for purchases ma		
				beverage and invitation			, ,
			□ No				
Did this fundraiser include item	s donated by a business entit	y of up to	☐ Yes	(If yes, go to Section.	J3 In-kind Donations not Co	asidered Co	ontributions
\$100 or items donated by an inc		•		and complete require			
			□ No				
Was this fundraiser a tag sale, a with purchases from an individ		ed items	□Yes		2 Proceeds from Tag Sale, A	uction, or C	Other Sale of
with purchases from an individ	uai of up to \$50?		□ No	Donated Items.)			
4.		3900	1	* 4			
Fundraising Event # Date of Fundraiser Letter	Description	Location:	Street Address		City	State	Zip Code
					1		
				· · · · · · · · · · · · · · · · · · ·		1	
Was this fundraising event host	ed at a personal residence?		□Yes		3 In-kind Donations not Con		
				beverage and invitation	d information for purchases magnetical distributions.)	age by nost(s) for food,
			□ No				
Did this fundraiser include item		y of up to	☐ Yes		J3 In-kind Donations not Cor	isidered Co	ntributions
\$100 or items donated by an ind	lividual of up to \$50?		□No	and complete required	l information.)		
XX .1: C 1 .		• • •					
Was this fundraiser a tag sale, at with purchases from an individu		ed items	⊔Yes	(If yes, go to Section J: Donated Items.)	2 Proceeds from Tag Sale, A	iction, or O	other Sale of
with purchases from all marvia	and of up to \$50.		□ No	Donated Rems.)			
						Maria Calendaria	
Fundraising Event # Date of Fundraiser Letter	Description	Location:	Street Address	•	City	State	Zip Code
Date of Fundraiser Letter	, ,						-,
					1		
Was this fundraising event host	ed at a personal residence?		☐ Yes	(If ves, go to Section	J3 In-kind Donations not Co	nsidered Co	ontributions
	•			and complete require	d information for purchases m	ade by host((s) for food,
			□ No	beverage and invitation	ons.)		
Did this fundraiser include item	s donated by a business entit	v of un to		(If was go to Section	J3 In-kind Donations not Co	esidered Co	ntributions
\$100 or items donated by an inc		y or up to	— 103	and complete require		isidered Co	onti ioutions
	-		□ No	, ,	•		
Was this fundraiser a tag sale, a	uction or other sale of donate	ed items	ΠVes	(If was go to Section I	2 Proceeds from Tag Sale, A	uction or (other Sale of
with purchases from an individ		ou monis	_ 103	Donated Items.)	2 I Totteus Hom Tag Sait, A	renon, or C	Aut of
			□ No				
	<u>ni</u> pio T. Anna C.						100
Fundraising Event # Date of Fundraiser Letter	Description	Location:	Street Address		City	State	Zip Code
Suc of Familians.		Ì					
		L			<u></u>	<u> </u>	<u> </u>
Was this fundraising event host	ted at a personal residence?		□Yes	(If ves, go to Section,	J3 In-kind Donations not Co	isidered Co	ontributions
	•			and complete required	d information for purchases ma		
,			□ No	beverage and invitation	ons.)		
Dildico	1 11 1 1 1 1						
Did this fundraiser include item \$100 or items donated by an inc		y ot up to	☐ Yes	(If yes, go to Section and complete required	J3 In-kind Donations not Con	nsidered Co	ontributions
who of hems donated by all life	arvidual of up to \$30?		□ No	and complete required	лионивиоп.)		
137 d C 1							
Was this fundraiser a tag sale, a with purchases from an individ		ed items	⊔Yes	(If yes, go to Section J Donated Items.)	2 Proceeds from Tag Sale, A	uction, or C	Other Sale of
man parenases from an murviu	and or up to \$50:		□ No	Donateu Reins.)			

			FUNDRA	ISIN	G ACTIVITY		Page 8 of 1	
NAME OF COMMITTEE						FILING DUE DATE		
l de la companya de	72 N /3	e 71 - 6		46				
Name of Purchaser Last Name	J2. Proceeds	from 1 ag 5	aie, Auc	MI	or Other Sale of Method of payment:	Donated Items	Aggregate	
Individuals ONLY)	10:5	lo	<u> </u>		☐ Cash ☐ Pers	onal Check	Amount of	
Residential Street Address	City	State	e Zip Co	ae	Date Received	Event #	Purchases	
tems Purchased		•	····					
Name of Purchaser Last Name	First			MI	Method of payment:		Aggregate	
(Individuals ONLY) Residential Street Address	City	State	Zip Code			onal Check	Amount of	
ecsidential Succi Address	City	State	Zip Code		Date Received	Event #	Purchases	
tems Purchased								
Name of Purchaser Last Name	First			MI	Method of payment:		Aggregate	
Individuals ONLY)	City	State	Zip Code		☐ Cash ☐ Personal Date Received	onal Check	Amount of Purchases	
condition of our risks of	City		Zip code		Date Received	Event #		
tems Purchased								
Name of Purchaser Last Name	First			MI	Method of payment:		Aggregate	
Individuals ONLY) Residential Street Address	City	State	Zip Code		Date Received	onal Check	Amount of Purchases	
						DVAK "		
Items Purchased								
Name of Purchaser Last Name	First			MI	Method of payment:		Aggregate	
(Individuals ONLY) Residential Street Address	City	State	Zip Code		☐ Cash ☐ Pers	onal Check	Amount of Purchases	
Items Purchased								
Name of Purchaser Last Name	First	· · · · · · · · · · · · · · · · · · ·		MI	Method of payment:		Aggregate	
(Individuals ONLY) Residential Street Address	City	State	Zip Code		Date Received	onal Check	Amount of Purchases	
L. D. J. J.								
Items Purchased	·							
Name of Purchaser Last Name (Individuals ONLY)	First			MI	Method of payment:	onal Check	Aggregate	
Residential Street Address	City	State	Zip Code		Date Received	Event #	Amount of Purchases	
Items Purchased								
rems i dichased								
Name of Purchaser Last Name (Individuals ONLY)	First			MI	Method of payment: ☐ Cash ☐ Pers	onal Check	Aggregate Amount of	
Residential Street Address	City	State	Zip Code		Date Received	Event #	Purchases	
Items Purchased			<u> </u>					
	[P)							
Name of Purchaser Last Name (Individuals ONLY)	First			MI	Method of payment: ☐ Cash ☐ Pers	onal Check	Aggregate Amount of	
Residential Street Address	City	State	Zip Code		Date Received	Event #	Purchases	
Items Purchased	_	.			Д			
and the second second								
						SUBTOTAL Section J2-This Page		
					тот	AL of additional Section J2 Page		
TOTAL OF ALL S	MATIL PURCHA	ISES FROM T	AG SALI	ES. A		R SALES OF DONATED ITEM		
(Enter total on Line				7.1				

	II. FUNDRAI	SING AC	CTIVITY			Page 9 of 17
NAMB OF COMMITTEE			4.0	arajir du		(Assured to the second
Marrell Campan	TH-			Hou	10 200)9
	. lie-Kind Donation No	O'O'annis	wied Contribu	iones.		4
Name of Donor				Donation	☐ Individual ☐ Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	given by:	ue for this event	Value of Donation
	C.I.y			Aggregate var	ue for this event	
Description of donation	l .		Date Received	Event#		
Name of Donor			1	Donation given by:	☐ Individual ☐ Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	•	ue for this event	Value of Donation
			S.p coue	Aggregate van	ue for this event	
Description of donation	1	L	Date Received	Event#		
Name of Donor				Donation	☐ Individual	Fair Market Value of Donation
Street Address	City	State	Zip Code	given by:	☐ Business Entity	Value of Dollation
Substitution of the substi	City	State	Zip code	Aggregate val	ue for this event	
Description of donation	<u> </u>]	Date Received	Event #		
Name of Donor				Donation	☐ Individual	Fair Market Value of Donation
Street Address	City	State	Zip Code	given by:	☐ Business Entity	Value of Donation
Sacci Adaess	Chy	State	Zip code	Aggregate val	ue for this event	
Description of donation	1		Date Received	Event#		
			1			
Name of Donor				Donation	☐ Individual	Fair Market
Street Address	Icie.	State	Zip Code	given by:	☐ Business Entity	Value of Donation
Succe Address	City	State	Zip Code	Aggregate val	ue for this event	
Description of donation		l	Date Received	Event #		1
Name of Donor				Donation	☐ Individual	Fair Market
Street Address	City	State	Zip Code	given by:	☐ Business Entity	Value of Donation
500007.000055	City	State	Zip couc	Aggregate val	lue for this event	
Description of donation	<u>l</u>	<u>!</u>	Date Received	Event#		1
				ŀ		
Name of Donor				Donation	☐ Individual	Fair Market
Street Address	City	State	Zip Code	given by:	☐ Business Entity	Value of Donation
Succe Address	City	State	Zip Code	Aggregate val	ue for this event	,
Description of donation		<u> </u>	Date Received	Event#		
Name of Donor				Donation	☐ Individual	Fair Market Value of Donation
Street Address	City	State	Zip Code	given by:	☐ Business Entity	Value of Donation
Substitution of the substi	City	State	Zip Code	Aggregate val	ue for this event	
Description of donation	<u>. </u>	L	Date Received	Event #		1
		. T	SUB	TOTAL S	etion J3-This Page	0
			TOTAL	of addition	al Section J3 Pages	0
TOTAL OF ALL IN-KIND DONATION	NS NOT CONSIDERED CO	NTRIBIT	FIONS (Fator total	on Fire 22	of Summary Dane	0
				. Jis Aniic AZ	J. Community & ugo	1

III. NONMONETARY RECEIPTS P								Page 10 of
NAME OF COMMITTEE							DUEDATE 10 2009	
Mewell	compan	سليارا	K	. In-Kind Contr	ibutions	[April	10 2009	
Name					ibudions		Date Received	Fair Marke
Street Address			City		State	Zip Code	-	Value of thi Contributio
Type of Contributor: ☐ Individual ☐ Committee	Is contributor a lobbyist, or dependent child of a l		☐ Yes ☐ No	Is contributor a principal If yes, indicate which of government the contributor of government the contributors.	ch branch or b	oranches		☐Yes ☐ No
Is this contribution associa fundraising event listed in If yes, list Event #		Descript	ion of In-K	ind Contribution	11.51.50		Aggregate contrib	outions 0
Name		.•					Date Received	Fair Marke Value of th
Street Address			City		State	Zip Code	1	Contributio
Type of Contributor: Individual Committee	Is contributor a lobbyist, or dependent child of a lo		☐ Yes ☐ No	Is contributor a principa If yes, indicate which of government the co	ch branch or b	ranches		□Yes □No
Is this contribution associa fundraising event listed in If yes, list Event #	—	Descript	ion of In-K	ind Contribution			Aggregate contrib	outions
Name		<u> </u>					Date Received	Fair Marke Value of th
Street Address			City		State	Zip Code		Contributio
Type of Contributor: ☐ Individual ☐ Committee	Is contributor a lobbyist, or dependent child of a lo	obbyist?	□ No	Is contributor a princip If yes, indicate which of government the co	ch branch or b	oranches	itive Legislative	Yes No
Is this contribution associa fundraising event listed in <i>If yes</i> , list Event #		Descript	ion of In-K	ind Contribution			Aggregate contrib	outions U
Name							Date Received	Fair Marke Value of th
Street Address			City		State	Zip Code		Contribution
Type of Contributor: ☐ Individual ☐ Committee	Is contributor a lobbyist, or dependent child of a lo		☐ Yes ☐ No	Is contributor a principal If yes, indicate which of government the c	ch branch or b	oranches	tive □ Legislative	Yes No
Is this contribution associa fundraising event listed in If yes, list Event #		Descript	ion of In-K	ind Contribution			Aggregate contrib	outions
Name		•		.			Date Received	Fair Marke Value of th
Street Address			City		State	Zip Code	_	Contribution
Type of Contributor: Individual Committee	Is contributor a lobbyist, or dependent child of a le		☐ Yes ☐ No	Is contributor a principe If yes, indicate which of government the c	ch branch or b	oranches	tive Legislative	Yes No
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Last Name of Individual		/	t Name			· · · · · · · · · · · · · · · · · · ·	ate Deposit Made	Amount of Deposit
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Name of telephone company		•			-			()
Street Address		City			State	Zip Code		
and a state of the	and the second second			Total Section	n L (Enter	total on Line 24 c	of Summary Page)	

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III. NON	NMONETAI	RY RECEIPTS		Page 11 of 17	
NAME OF COMMITTEE			PLINC DUR DATE		
Memely Company III MI Non-Monetary Receip			April 10 20	29	
WI Non-Monetary Receip	ts of Organ	lization Expen	ditire Minichty		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committee	ranikorik 🔔 v rim Alaskutulla süredle (1996-1986)	Name of Treasurer			
Train of Committee (Legislance Leavership), Legislance Canens, and a way Committee	W 01121)	1.2.0 91 1102/200			
Street Address		- 1 -	Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations		
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Street Address			Date Notice Received	Fair Market Value of Donation	
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions)		
Description of Donation			□ A □ B □ C □ D □ E		
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City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure (see instructions) A B B C D D E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committee	es ONLY)	Name of Treasurer			
	,				
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City	State	Zip Code	Aggregate Donations	OI Donation	
		Zip Code	riggioguo Donationis		
Description of Donation	·		Purpose of Expenditure (see instructions)		
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Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committee	a UNLI)	Name of Treasurer			
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Sueet Address			Date Notice Received	Fair Market Value of Donation	
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Description of Donation			Purpose of Expenditure (see instructions) \[\begin{array}{cccccccccccccccccccccccccccccccccccc		
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		IV.	EXPENDIT	URES		Page 12 of 17
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	1 1	N. Expens	ses Paid by	Committee	1 / 1 1	•
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name and office sought) ☐ No						s
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				(by code)		
Description	_				Event #	\Box
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name and office sought) ☐ No						\$
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name and office sought)						s
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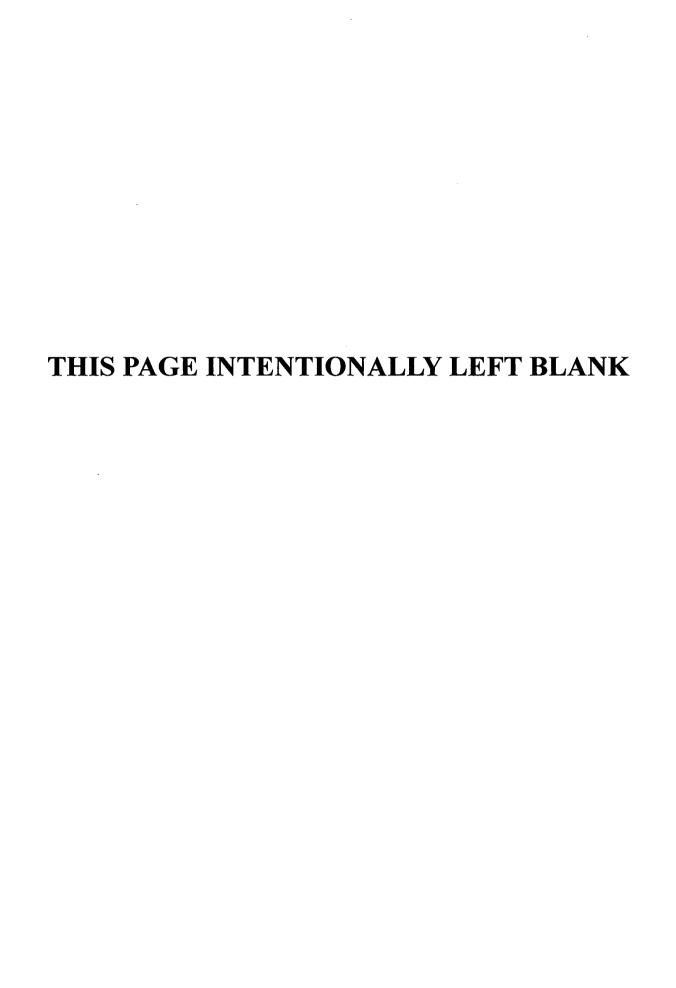
IV. EXPENDITURES Pa							
NAME OF COMMITTEE		_			LING DURDATE		
Mewel Cump					April 10 20	07	
		mpaign E	xpenses Pak	by Condidate		497	
Name of Payee (Name of Vendor who candidate	e paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount	
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TOTAL of additional Section O Pages							
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IV. EXPENDITURES							
NAME OF COMMITTEE FILING QUE DATE							
Mewell Curpay II April 10 2009							
	P. Expenses Inci	arred o	n Commi	ttee Credit C	ard '		
Name of Issuing Institution				Type of Credit Ca	ard:		
				□ Visa □	Master Card Discover A	American Express	
				Other			
Name of Vendor				į	Date of Transaction	Amount	
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		İ	'				
Purpose of Expenditure (by code)	Description				Event #		
Name of Vendor					D 45		
The state of volume				į	Date of Transaction	Amount	
Street Address	City	State	Zip Code	-			
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Purpose of Expenditure (by code)	Description						
Name of Vendor	<u> </u>				Date of Transaction		
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(by code)							
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Tvaine of Vendor					Date of Transaction	Amount	
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TOTAL OF ALL EXPENSES	INCUIDDED ON CONCE	(ባማውድ 스	DEDITO			0	

	IV	. EXPENDITURES				Page 15 of 17			
NAMEO COMMUTTEE		and the second second			ŲEDATE 😕				
Menell Campan	EL			Apn		7			
Q. Expe	uses incurred by (Committee but Not Pak	(P)	reng tikir.	Periodi a				
Name of Creditor			Date	Incurred		Amount Incurred (Estimate or Actual)			
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Succe Address		City		State	Zip Code				
Purpose of Expenditure	Description				Event #	1 _			
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Is this expenditure coordinated with another	Other Candidate(s) Nam	ne		Office Soug	ht	1 0 1			
candidate for which reimbursement is sought? □ Yes (If yes, complete candidate									
name and office sought)						s			
Name of Creditor			Date	Incurred		Amount Incurred			
						(Estimate or Actual)			
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Purpose of Expenditure (by code)	Description				Event #	()			
Is this expenditure coordinated with another	Other Candidate(s) Nam	ne		Office Soug	<u>l</u>	1 — 1			
candidate for which reimbursement is sought?	02.01 02.01.00(0) 1.4				•				
Yes (<i>If yes</i> , complete candidate name and office sought)									
□ No			T			\$			
Name of Creditor			Date	Incurred		Amount Incurred (Estimate or Actual)			
Street Address		City	<u> </u>	State	Zip Code	-			
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(by code)						$\rfloor \alpha \vert$			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Nan	ne		Office Soug	ght				
☐ Yes (If yes, complete candidate									
name and office sought) □ No						s			
Name of Creditor			Date	Incurred		Amount Incurred			
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candidate for which reimbursement is sought? Yes (If yes, complete candidate									
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□ NO		1	A 3.4						
				SUBTOTAL	Section Q-This Page				
			TOT	AL of additi	ional Section Q Pages	0			
TOTAL OF ALL I	EXPENSES INCURR	ED BY COMMITTEE DUR	ING	THIS PERIO	DD BUT NOT PAID				
	See Store	Œ	nter	total on Line	29 of Summary Page)				
		Previously reported I	Expe	nses Unpaid	and still Outstanding	+ 0			
TOTAL OF ALL EXPENSES IN	CURRED BY COMM	TITTEE BUT NOT PAID (E	nter	total on Line	29a of Summary Page				

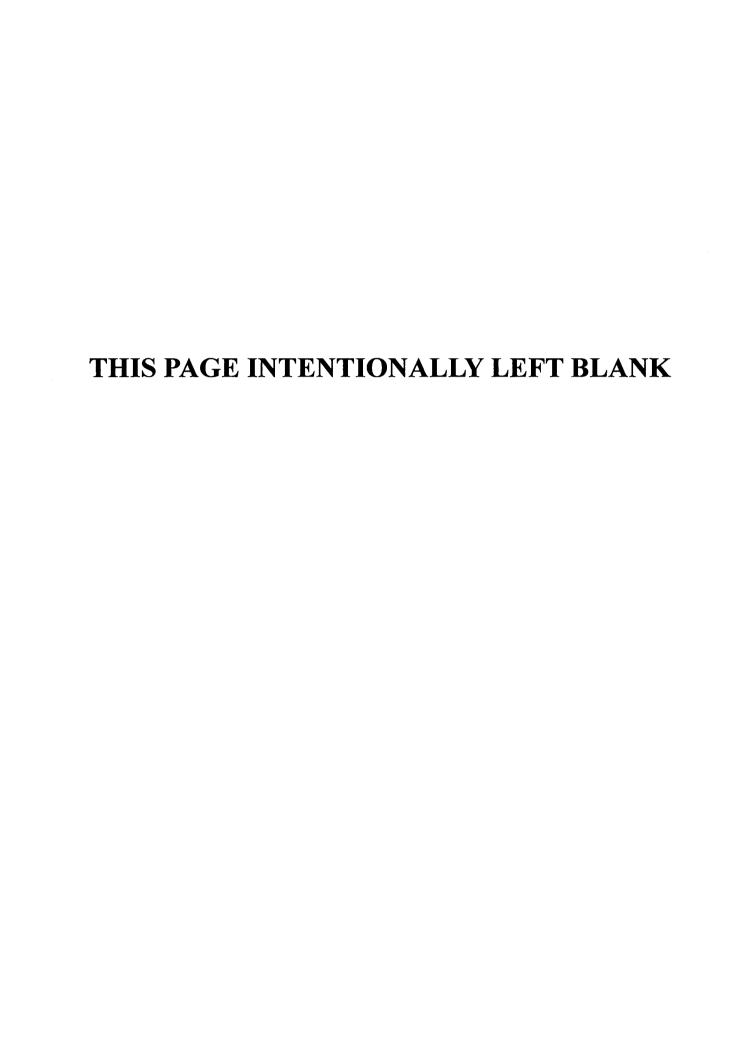
IV. EXPENDITURES									
NAME OF COMMITTEE					OUE DATE				
Merrell Campun 1. Et				Apu	10 2009	16 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
R. Itemization of Reim	bursements to Commit			nd Co	nsultants				
Name of Worker/Consultant		Date of	Payment		Method of Payment	Amount			
Secondary Payee		Purpose	of Expendit	ıre	- Charle #				
		(by cod			☐ Check # ☐ Debit Card				
Street Address	City		State	1	Zip Code				
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name and office sought)						s			
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candidate for which reimbursement is sought? See **[If yes, complete candidate**]									
name and office sought) □ No						s			
Name of Worker/Consultant		Date of	Payment		Method of Payment	Amount			
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name and office sought)									
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TOTAL OF ALL D	EIMBURSEMENTS TO CO	MANAT							
ALUA	ELIMORSEMENTS TO CO	7.1 7.117.1.1		, and	GAID CONSULTANT				

				Page 17 of 17
NAME OF COMMITTEE .	1mara 11		FILING DUE DAT	2,1,07
V WILLI S	S Surplus Distribution	of Equipment and Furn	iture	
Name of Recipient	Surplus Distribution	Made Monte - Rodel Street Scientific Street Street Street Scientific Scientific Street Scientific Street Scientific Street Scientific Scientif		Original Purchase Amount of Item
Street Address	City	State	Zip Code	Amount of Item
Description of Item				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	- Amount of Item
Description of Item				
Name of Recipient				Original Purchase Amount of Item
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Description of Item				
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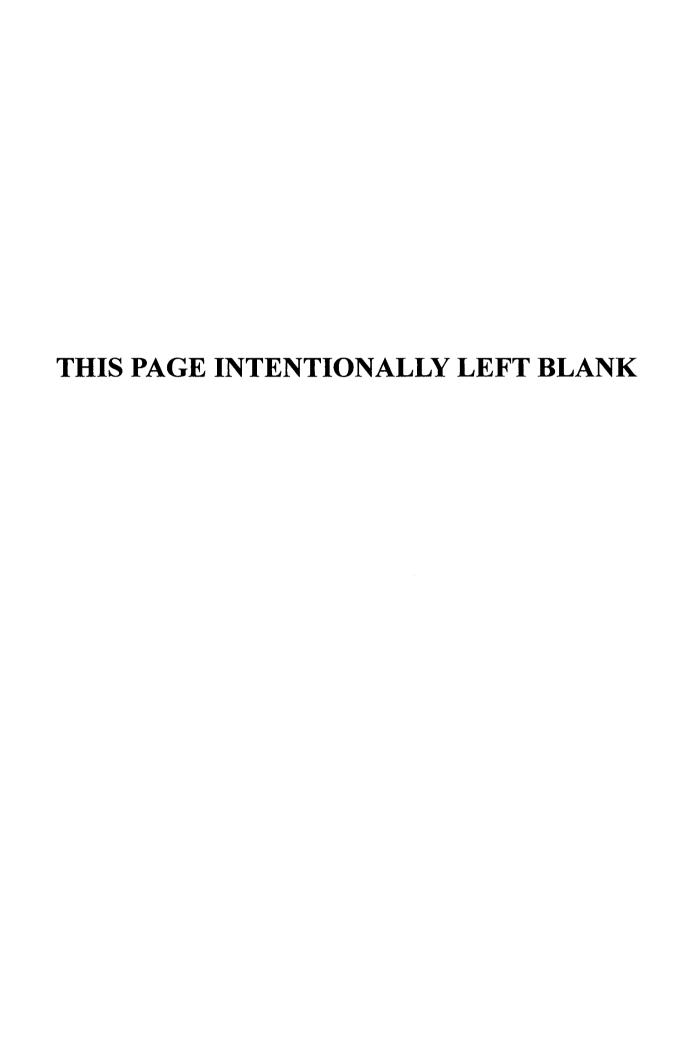


I. MONETARY RECEIPTS Section B. Additional Page

		Section B. F	<u> </u>	iai i age			
NAME OF COMMITTEE					FRING DIFE	DATE	
Mewell Cumpy	, 77	T			Har 1	2009	
the state of the s					announintenantifications continue announce		
Last Name		B _{err} Atemizea Contrata	MI	om indiv	contribution:	Contribution ID #	
Last Name	First		MI	☐ Cash	Personal Check		Amount of Contribution
Residential Street Address		City	•	State	Zip Code	Date Received	
Principal Occupation		Name of Employer]	Is this contribution ass	ociated with a □Yes	
					fundraising event listed If yes, list Event #		
Is contributor a principal of a state contractor	or prospe	ctive state contractor?	Is contr	ributor a lobb	yist, spouse, ☐ Yes	Aggregate contributions	
If yes, indicate which branch or branches		□ No			f a lobbyist? No		
of government the contract is with:		cutive Legislative		1		1	
Last Name	First		МІ	Method of □ Cash	contribution: Personal Chec	Contribution ID #	Amount of Contribution
					Order Credit/Debit C		Contribution
Residential Street Address		City		State	Zip Code	Date Received	
Principal Occupation		Name of Employer		<u>I</u>	Is this contribution ass	ociated with a Yes	()
					fundraising event lister If yes, list Event #		
Is contributor a principal of a state contracto	r or prospe	ctive state contractor?	Is cont	ributor a lobb	yist, spouse, Yes	Aggregate contributions	
If yes, indicate which branch or branche	3	□ No			of a lobbyist? No		
of government the contract is with:		cutive Legislative		1573 7 6		10 7 1 10 "	
Last Name	First		MI	Method of Cash	contribution: Personal Chec	Contribution ID #	Amount of Contribution
					Order Credit/Debit C		Contribution
Residential Street Address		City		State	Zip Code	Date Received	1
Principal Occupation	· · · ·	Name of Employer		1	Is this contribution ass	ociated with a Yes	1//
		. ,			fundraising event liste		
					If yes, list Event #]
Is contributor a principal of a state contractor If yes, indicate which branch or branche of government the contract is with:	S	ctive state contractor?			oyist, spouse, ☐ Yes of a lobbyist? ☐ No	Aggregate contributions]
Last Name	First	Cutive 🗀 Legislative	MI	Method of	contribution:	Contribution ID #	Amount of
Day, Namo	1 11.50		1,411	Cash	Personal Chec	L L	Contribution
					Order Credit/Debit C		
Residential Street Address		City		State	Zip Code	Date Received	
							6
Principal Occupation		Name of Employer			Is this contribution ass		
					fundraising event liste If yes, list Event #	d in Section J1? No	
Is contributor a principal of a state contractor		L	. Is cont	ributor a lobb	yist, spouse, Yes	Aggregate contributions	1
If yes, indicate which branch or branche		Scrive state contractor: ☐ Fe			of a lobbyist? \(\square\) No		
of government the contract is with:	☐ Exe	cutive Legislative				<u> </u>	
Last Name	First		MI	Method of Cash	contribution: Personal Chec	Contribution ID #	Amount of
	1				Order Credit/Debit C		Contribution
Residential Street Address	•	City		State	Zip Code	Date Received	1
Principal Occupation		Name of Employer		ļ	Is this contribution ass	sociated with a Yes	
Trinoipa occupation		The state of Employer			fundraising event liste		/ /
					If yes, list Event #		
Is contributor a principal of a state contractor	or or prosp	ective state contractor?			oyist, spouse, Yes	Aggregate contributions	1
If yes, indicate which branch or branche	s	□No	- 1 .		of a lobbyist? No		
of government the contract is with:	☐ Exe	cutive Legislative					
			<u> </u>			L	1
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I. MONETARY RECEIPTS Section C1. Additional Page NAME OF COMMITTEE C1. Contributions from Other Committees Name of Committee Address **Amount of Contribution** Is this contribution associated with a ☐ Yes If yes, list fundraising event listed in Section J1? No Event # Aggregate Contributions Date Received State City Zip Code Name of Treasurer Name of Committee Address Amount of Contribution Is this contribution associated with a ☐ Yes If yes, list fundraising event listed in Section J1? No Event # Date Received Aggregate Contributions State City Zip Code Name of Committee Name of Treasurer Address Is this contribution associated with a Yes If yes, list Amount of Contribution fundraising event listed in Section J1? No Event # State Date Received Aggregate Contributions City Zip Code Name of Treasurer Name of Committee Address **Amount of Contribution** Is this contribution associated with a ☐ Yes If yes, list fundraising event listed in Section J1? No Event # Aggregate Contributions City State Zip Code Name of Treasurer Name of Committee Address **Amount of Contribution** Date Received State Aggregate Contributions City Zip Code Name of Treasurer Name of Committee Address **Amount of Contribution** Is this contribution associated with a Yes If yes, list fundraising event listed in Section J1? No Event # Aggregate Contributions State City Zip Code Name of Treasurer Name of Committee Address Is this contribution associated with a Yes If yes, list Amount of Contribution fundraising event listed in Section J1? No Event # Date Received Aggregate Contributions City State Zip Code Name of Committee Name of Treasurer Address Is this contribution associated with a Yes If yes, list **Amount of Contribution** fundraising event listed in Section J1? No Event # Aggregate Contributions Zip Code SUBTOTAL Section C-This Page Page _____ of ____

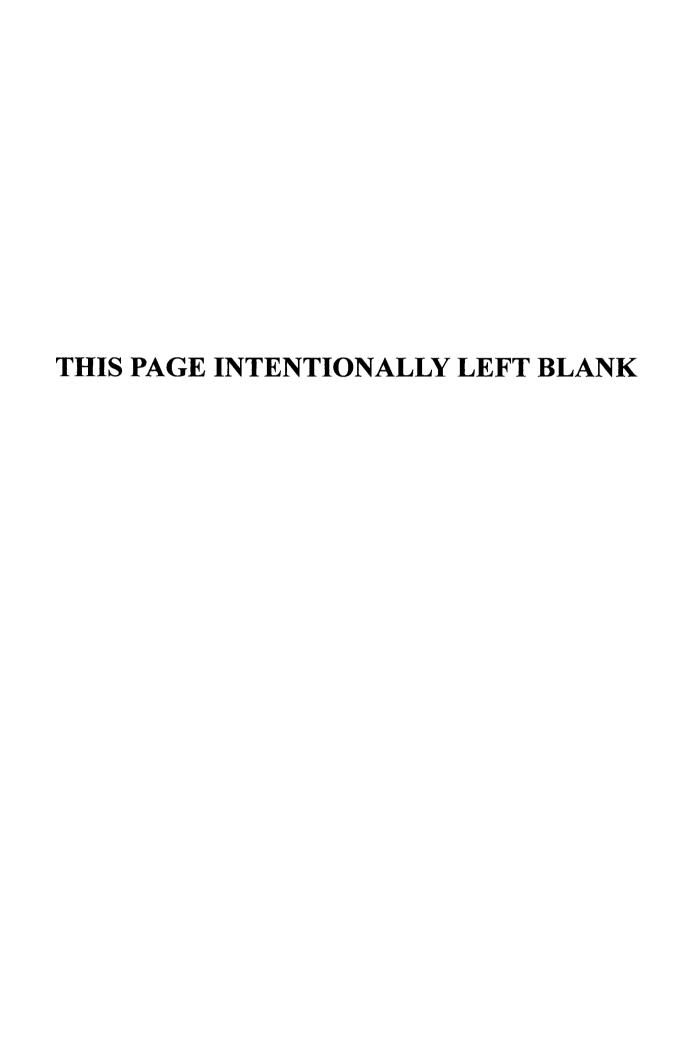


II. FUNDRAISING EVENT ACTIVITY Section J2. Additional Page NAME OF COMMITTEE J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items Name of Purchaser Last Name Method of payment: Aggregate (Individuals ONLY) ☐ Cash ☐ Personal Check ☐ Credit/Debit Card Amount of Residential Street Address City Zip Code Purchases State Date Received Event # Items Purchased First Name of Purchaser Last Name МІ Method of payment: Aggregate (Individuals ONLY) ☐ Cash ☐ Personal Check ☐ Credit/Debit Card Amount of Residential Street Address Zip Code Date Received Purchases City Event # Items Purchased First ΜI Name of Purchaser Last Name Method of payment: Aggregate (Individuals ONLY) ☐ Cash ☐ Personal Check ☐ Credit/Debit Card Amount of Zip Code Residential Street Address Date Received Purchases City State Event # Items Purchased Name of Purchaser Last Name Method of payment: Aggregate (Individuals ONLY) ☐ Cash ☐ Personal Check ☐ Credit/Debit Card Amount of Residential Street Address Date Received Purchases ity State Zip Code Event # Items Purchased Name of Purchaser Last Name First ΜI Method of payment: Aggregate (Individuals ONLY) ☐ Cash ☐ Personal Check ☐ Credit/Debit Card Amount of Zip Code Residential Street Address Date Received Purchases ity Event # Items Purchased Name of Purchaser Last Name First ΜI Method of payment: Aggregate (Individuals ONLY) ☐ Cash ☐ Personal Check ☐ Credit/Debit Card Amount of Residential Street Address State Žip Code Date Received Purchases City Event # Items Purchased Name of Purchaser Last Name First Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card Aggregate (Individuals ONLY) Amount of Zip Code Residential Street Address **Purchases** City State Date Received Event # Items Purchased First Name of Purchaser Last Name ΜI Method of payment: Aggregate (Individuals ONLY) ☐ Cash ☐ Personal Check ☐ Credit/Debit Card Amount of Residential Street Address Zip Code Purchases State Date Received City Event # Items Purchased Name of Purchaser Last Name ΜI Method of payment: First Aggregate (Individuals ONLY) ☐ Cash ☐ Personal Check ☐ Credit/Debit Card Amount of Zip Code Residential Street Address Purchases City Date Received Event # Items Purchased SUBTOTAL Section J2-This Page

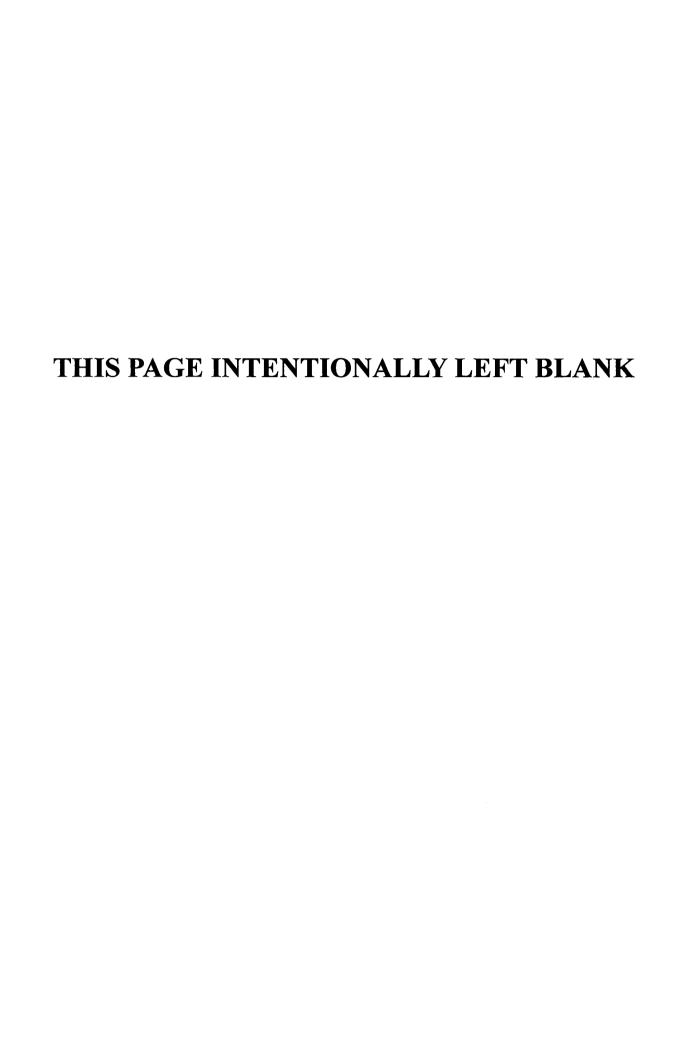
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II. FUNDRAISING EVENT ACTIVITY Section J3. Additional Page FILING DUE DATE NAME OF COMMITTEE 33. In-Kind Donations Not Considered Contributions Fair Market Name of Donor Donation ☐ Individual Value of Donation given by: ☐ Business Entity Street Address Aggregate value for this event State Zip Code City Description of donation Date Received Event # Name of Donor Donation ☐ Individual Fair Market Value of Donation ☐ Business Entity given by: Street Address City State Zip Code Aggregate value for this event Description of donation Date Received Event # Fair Market Name of Donor Donation ☐ Individual Value of Donation given by: ■ Business Entity Street Address City State Zip Code Aggregate value for this event Description of donation Date Received Event# Name of Donor Fair Market Donation ☐ Individual Value of Donation given by: ☐ Business Entity Street Address City State Zip Code Aggregate value for this event Description of donation Date Received Event # Name of Donor ☐ Individual Fair Market Donation ☐ Business Entity Value of Donation given by: Street Address City State Zip Code Aggregate value for this event Description of donation Date Received Event # Fair Market Name of Donor ☐ Individual Donation Value of Donation ☐ Business Entity given by: Street Address Zip Code City State Aggregate value for this event Event # Description of donation Date Received Name of Donor Fair Market ☐ Individual Donation given by: ■ Business Entity Value of Donation Street Address City State Zip Code Aggregate value for this event Description of donation Date Received Event # Fair Market Name of Donor ☐ Individual Donation Value of Donation ☐ Business Entity given by: Street Address City State Zip Code Aggregate value for this event Description of donation Date Received Event # **SUBTOTAL Section J3-This Page** Page _____ of ___



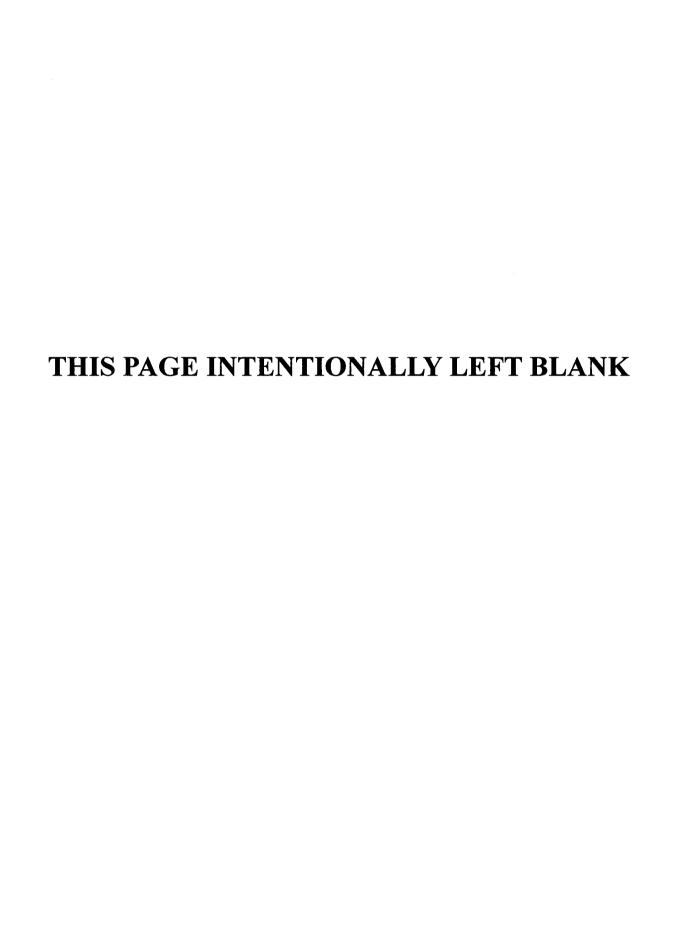
III. NONMONETARY RECEIPTS Section K. Additional Page FILING DUE DATE NAME OF COMMUTEE K. In-Kind Contributions Fair Market Name Date Received Value of this State Contribution Street Address City Zip Code Type of Contributor: ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? **□**Yes Is contributor a lobbyist, spouse, ☐ No □ Individual or dependent child of a lobbyist? If yes, indicate which branch or branches ☐ Committee of government the contract is with: ☐ Executive ☐ Legislative Description of In-Kind Contribution Aggregate contributions ☐ Yes Is this contribution associated with a fundraising event listed in Section J1? □ No If yes, list Event # Fair Market Name Date Received Value of this Contribution Street Address State Zip Code City Type of Contributor: ☐ Yes Is contributor a lobbyist, spouse, Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Individual If yes, indicate which branch or branches □ No ☐ No or dependent child of a lobbyist? ☐ Committee of government the contract is with: ☐ Executive ☐ Legislative Aggregate contributions Description of In-Kind Contribution ☐ Yes Is this contribution associated with a ☐ No fundraising event listed in Section J1? If yes, list Event # Fair Market Name Date Received Value of this Contribution Street Address City State Zip Code Type of Contributor: Is contributor a principal of a state contractor or prospective state contractor? □Yes Is contributor a lobbyist, spouse, ☐ Yes □ Individual If yes, indicate which branch or branches ☐ No □ No or dependent child of a lobbyist? ☐ Committee ☐ Executive ☐ Legislative of government the contract is with: Aggregate contributions Description of In-Kind Contribution Is this contribution associated with a ☐ Yes fundraising event listed in Section J1? ☐ No If yes, list Event # Name Fair Market Date Received Value of this Contribution Street Address State Zip Code City Type of Contributor: Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, If yes, indicate which branch or branches ☐ Individual ☐ No ☐ No or dependent child of a lobbyist? ☐ Executive ☐ Legislative ☐ Committee of government the contract is with: Aggregate contributions Description of In-Kind Contribution ☐ Yes Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Name Fair Market Date Received Value of this Contribution Street Address State Zip Code Type of Contributor: Yes Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches ☐Yes Is contributor a lobbyist, spouse, ☐ Individual or dependent child of a lobbyist? ☐ Committee ☐ Executive ☐ Legislative of government the contract is with: Description of In-Kind Contribution Name Date Received Fair Market Value of this Contribution Street Address State Zip Code Type of Contributor: ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is contributor a lobbyist, spouse, ☐ Individual ☐ No If yes, indicate which branch or branches □ No or dependent child of a lobbyist? □ Committee of government the contract is with: ☐ Executive ☐ Legislative Aggregate contributions Description of In-Kind Contribution SUBTOTAL Section K-This Page Page _____ of ___



IV. EXPENDITURES Section N. Additional Page NAME OF COMMITTEE FILING DUE DATE N. Expenses Paid by Committee Name of Payee Method of Payment Amount Check # Purpose of Expenditure Street Address City State Zip Code ☐ Debit Card (by code) Event # Description Office Sought Is this expenditure coordinated with another Other Candidate(s) Name candidate for which reimbursement is sought? ☐ Yes (If yes, complete candidate name and office sought) Date of Payment Name of Payee Method of Payment Amount ☐ Check # Zip Code Purpose of Expenditure City State Street Address Debit Card (by code) Event# Description Is this expenditure coordinated with another Other Candidate(s) Name Office Sought candidate for which reimbursement is sought? ☐ Yes (If yes, complete candidate name and office sought) □ No Name of Payee Date of Payment Method of Payment Amount Check # Purpose of Expenditure City State Zip Code Street Address Debit Card Event # Description Is this expenditure coordinated with another Other Candidate(s) Name Office Sought candidate for which reimbursement is sought? ☐ Yes (If yes, complete candidate name and office sought) ☐ No Date of Payment Name of Payee Method of Payment Amount ☐ Check # State Zip Code Purpose of Expenditure City Street Address ☐ Debit Card (by code) Event # Description Office Sought Is this expenditure coordinated with another Other Candidate(s) Name candidate for which reimbursement is sought? ☐ Yes (If ves, complete candidate name and office sought) ☐ No Name of Payee Date of Payment Method of Payment Amount ☐ Check # Purpose of Expenditure Zip Code City Street Address State ☐ Debit Card (by code) Event # Description Is this expenditure coordinated with another Office Sought Other Candidate(s) Name candidate for which reimbursement is sought? ☐ Yes (If yes, complete candidate name and office sought) ☐ No SUBTOTAL Section N-This Page of



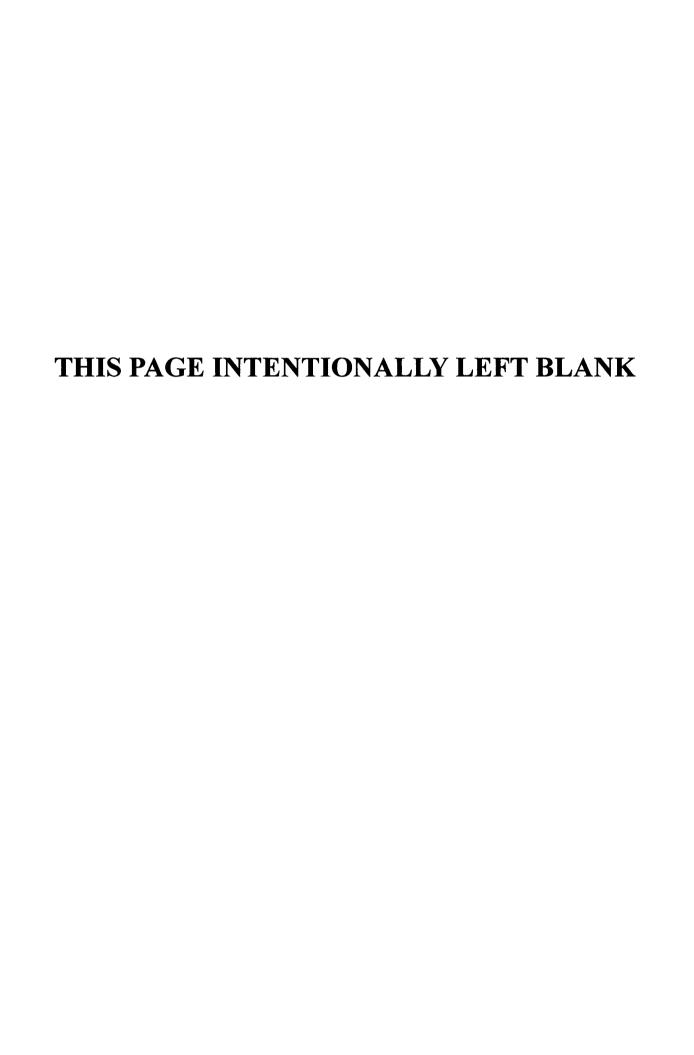
IV. EXPENDITURES Section O. Additional Page NAME OF COMMITTEE O. Campaign Expenses Paid by Candidate Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed? Amount ☐ Yes ☐ No Street Address State Zip Code City Purpose of Expenditure Description Event # (by code) Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed? A mount Street Address ☐ Yes Zip Code City State ☐ No Purpose of Expenditure Description Event # (by code) Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed? Amount Street Address State ☐ Yes Zip Code □ No Purpose of Expenditure Description Event # (by code) Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed? Amount City Street Address State □ Yes Zip Code ☐ No Purpose of Expenditure Description Event # (by code) Name of Payce (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed? Amount Street Address City State Zip Code ☐ Yes ☐ No Purpose of Expenditure Description Event # (by code) Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed? Amount Street Address ☐ Yes Zip Code City State □ No Purpose of Expenditure Description Event # (by code) Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed? Amount Street Address ☐ Yes City State Zip Code □ No Purpose of Expenditure Description Event # (by code) Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed? Amount Street Address ☐ Yes State Zip Code ☐ No Purpose of Expenditure Event # Description (by code) Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed? Amount Street Address ☐ Yes Zip Code City State ☐ No Purpose of Expenditure Description Event # (by code) SUBTOTAL Section O-This Page Page _____ of ___



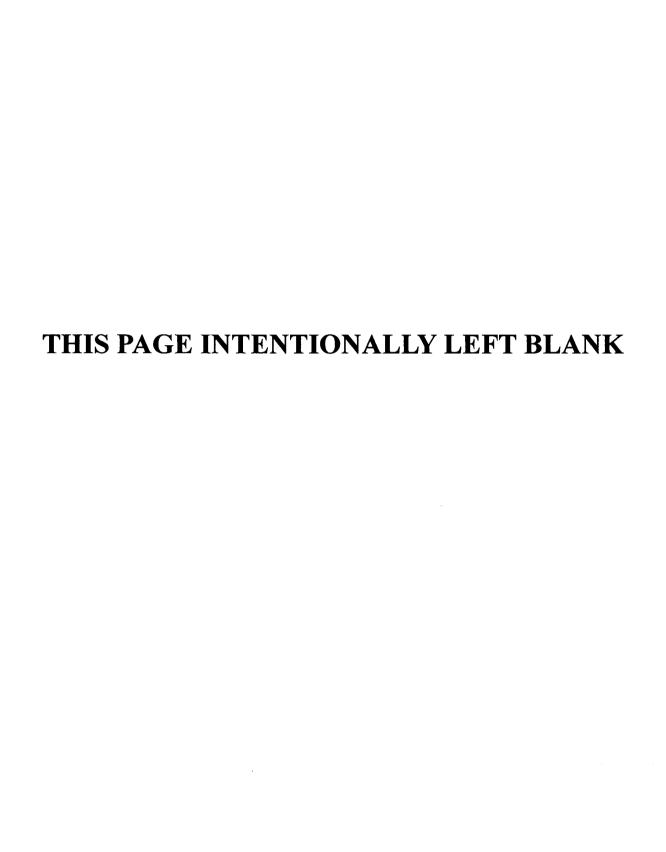
		IV. EXPE					
NAME OF COMMITTEE					FILING DUE DAT	TE	
Name of Issuing Institution	r, skpena	s licured o		Type of Cree			
C				☐ Visa		Discover	☐ American Express
				☐ Other			
Name of Vendor					Date of Transac	tion	Amount
Street Address	City	State	Zip Code				
Purpose of Expenditure (by code)	Description		<u> </u>		Event #		
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Purpose of Expenditure (by code)	Description	•			Event #	-	
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		EXPENDITU on Q. Addition					
NAME OF COMMITTEE				FILING	DUE DATE		
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Name of Creditor				Incurred		Amount Incurred (Estimate or Actual)	
Street Address		City		State	Zip Code	•	
Purpose of Expenditure (by code)	Description	•			Event #		
Is this expenditure coordinated with another Other Candidate(s) Name Office Sought candidate for which reimbursement is sought? Sought Office							
Name of Creditor			Date	e Incurred		Amount Incurred (Estimate or Actual)	
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? Yes (If yes, complete candidate name and office sought) No	Other Candidate(s) Nam	ne		Office So	ught	s	
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Is this expenditure coordinated with another Other Candidate(s) Name Office Sought candidate for which reimbursement is sought? ☐ Yes (If yes, complete candidate name and office sought)							
□No							
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IV. EXPENDITURES Section R. Additional Page NAME OF COMMITTEE R. Itemization of Reimbursements to Committee Workers and Consultants Date of Payment Name of Worker/Consultant Amount Method of Payment Secondary Payee Purpose of Expenditure Check # (by code) Debit Card State Street Address Zip Code City Description Office Sought Is this expenditure coordinated with another Other Candidate(s) Name candidate for which reimbursement is sought? ☐ Yes (If yes, complete candidate name and office sought) ☐ No Name of Worker/Consultant Date of Payment Amount Method of Payment Secondary Payee Purpose of Expenditure Check # (by code) Debit Card State Street Address Zip Code City Description Is this expenditure coordinated with another Other Candidate(s) Name Office Sought candidate for which reimbursement is sought? ☐ Yes (If yes, complete candidate name and office sought) □ No Name of Worker/Consultant Date of Payment Amount Method of Payment Secondary Payee Purpose of Expenditure ☐ Check # (by code) ☐ Debit Card Zip Code Street Address State City Description Is this expenditure coordinated with another Other Candidate(s) Name Office Sought candidate for which reimbursement is sought? ☐ Yes (If ves, complete candidate name and office sought) Name of Worker/Consultant Date of Payment Amount Method of Payment Secondary Payee Purpose of Expenditure Check # (by code) ☐ Debit Card Street Address State Zip Code City Description Is this expenditure coordinated with another Other Candidate(s) Name Office Sought candidate for which reimbursement is sought? ☐ Yes (*If yes*, complete candidate name and office sought) □ No SUBTOTAL Section R-This Page Page _____ of ____



PACOBED PIERPOSES RORSERPENDITURES

Form 30)

(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 <u>audio</u> and/or <u>video</u> live over the <u>Internet</u>), 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 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□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.