

SEEC FORM 20

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



Page 1 of 17

2019 CITY CLERK

2019/01/01 to 2019/06/30 Only

COVER PAGE

1. NAME OF COMMITTEE

McCauley for Mayor

2. TREASURER NAME

First Cleo	MI	Last Duke - Wright	Suffix
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3. TREASURER ADDRESS

Street Address 677 Blue Hills Ave	City Hartford	State CT	Zip Code 06112
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4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)
11/05/2019

5. OFFICE SOUGHT (Complete only if Candidate Committee)

MAYOR

6. DISTRICT NUMBER

(if applicable)

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First James	MI S	Last McCauley	Suffix
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8. TYPE OF REPORT (Check One Box)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> January 10 filing | <input type="checkbox"/> 7th day preceding primary | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="checkbox"/> April 10 filing | <input type="checkbox"/> 30 days following primary | <input type="checkbox"/> 45 days following referendum | <input type="checkbox"/> Amendment to |
| <input type="checkbox"/> July 10 filing | <input type="checkbox"/> 7th day preceding election | <input type="checkbox"/> Deficit | Type of Report: |
| <input checked="" type="checkbox"/> October 10 filing | <input type="checkbox"/> 12th day preceding election (State Central Committees Only) | <input type="checkbox"/> Termination | |
| <input type="checkbox"/> 24 Hour Independent Expenditure
<input type="radio"/> Primary <input type="radio"/> Election | <input type="checkbox"/> 45 days following election not held in November | | |

9. PERIOD COVERED

Beginning Date

Ending Date

7/01/19 thru 9-30-19

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.

Cleo Duke-Wright
TREASURER OR DEPUTY TREASURER (SIGNATURE)

Cleo Duke-Wright
PRINT NAME OF SIGNER

10/9/2019
DATE (mm/dd/yyyy)

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<i>McCayley FOR MAYOR</i>	<i>OCTOBER 10, 2019</i>	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		<i>786.12</i>
12. Balance on hand at the beginning of Reporting Period	<i>1,391.43</i>	
13. Contributions Received from Individuals (Sections A and B)	<i>425.00</i>	<i>2,570</i>
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	<i>425.00</i>	<i>2,570</i>
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	<i>1,816.43</i>	<i>3,356.12</i>
19. Expenses Paid by Committee (Section P)	<i>500</i>	<i>1,872.22</i>
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	<i>1,316.43</i>	<i>1,483.90</i>
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	<i>30</i>	
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)	<i>541.89</i>	
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
McCauley for Mayor		OCTOBER 10, 2019
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals

Last Name BOWEN		First MYA		MI	
Residential Street Address 152 Park ST		City Manchester		State CT	Zip Code 06045
Principal Occupation Instructor		Name of Employer Housatonic Community College			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 7-31-19	Aggregate Contributions		
		10.00			

Last Name Gallon-Clark		First Vicki		MI	
Residential Street Address 105 Granby ST		City Hartford		State CT	Zip Code 06112
Principal Occupation Executive Director		Name of Employer Blue Hills Civic Association			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-1-19	Aggregate Contributions		
		5.00			

Last Name Gallon-Clark		First Vicki		MI	
Residential Street Address 105 Granby ST		City Hartford		State CT	Zip Code 06112
Principal Occupation Executive Director		Name of Employer BLUE HILLS Civic Assoc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 8-28-19	Aggregate Contributions		
		5.00			

SUBTOTAL Section B — This Page		20.00
TOTAL of additional Section B Pages		405.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		425.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
McCauley for Mayor		10-10-19
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals

Last Name		First		MI	
Gallon - Clark		Vicki			
Residential Street Address		City		State	Zip Code
105 Granby St		Hartford		CT	06112
Principal Occupation		Name of Employer			
Executive Director		Blue Hills Civic Assoc.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with:			
If yes, list Event #					
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9-28-19	85.00		

Last Name		First		MI	
LOOPER		ALAN			
Residential Street Address		City		State	Zip Code
1 Gold St		Hartford		CT	06103
Principal Occupation		Name of Employer			
Investing		SELF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		150.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with:			
If yes, list Event #					
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8-21-19	400		

Last Name		First		MI	
LOOPER		ALAN			
Residential Street Address		City		State	Zip Code
1 Gold St		Hartford		CT	06103
Principal Occupation		Name of Employer			
Investing		SELF			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		250.00	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with:			
If yes, list Event #					
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9-14-19	400		

SUBTOTAL Section B — This Page		405.00
TOTAL of additional Section B Pages		20.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)		425.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
McCaughey for Mayor						OCTOBER 10, 2019	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution	
			If yes, list Event # _____				
City		State	Zip Code	Date Received		Aggregate Contributions	
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution	
			If yes, list Event # _____				
City		State	Zip Code	Date Received		Aggregate Contributions	
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution	
			If yes, list Event # _____				
City		State	Zip Code	Date Received		Aggregate Contributions	
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address			City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address			City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type				Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page							
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>McCauley for Mayor</i>	TYPE OF REPORT <i>10-10-19</i>
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D. Loans Received this Period

Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (If applicable)				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (If applicable)				Amount Received
Street Address	City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (If applicable)				Amount Received
Street Address	City	State	Zip Code	

TOTAL SECTION D**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions
Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions
Name of Entity			
Street Address		Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
McCawley FOR Mayor		10/10-19
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)		
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #	Amount
TOTAL SECTION F		

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)		
Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		

H. 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	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
TOTAL SECTION H		

I. Anonymous Contributions

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
McCawley FOR Mayor	10-10-19

J. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>McCauley FOR Mayor</i>	TYPE OF REPORT <i>10-10-19</i>
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L1. Event Information

Event # <i>091019A</i>	Date of Event <i>9-10-19</i>	Letter <i>A</i>	Description <i>Concert</i>	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: Street Address <i>1200 ALBANY AVE</i>			City <i>Hartford</i>	State <i>CT</i> Zip Code <i>06112</i>

Subpart 1: (All Committees)

Was this event hosted at a personal residence?

- ☐ Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)
☒ No

Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?

- ☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

- ☐ Yes (If yes, enter Total Receipts here.)
☒ No

\$

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

- ☐ Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
☒ No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?

- ☐ Yes (If yes, enter Total Receipts here.)
☒ No

\$

Event # <i>092219A</i>	Date of Event <i>9-22-19</i>	Letter <i>A</i>	Description <i>MEET + Greet</i>	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: Street Address <i>8 Shultas Place</i>			City <i>Hartford</i>	State <i>CT</i> Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence?

- ☒ Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)
☐ No

Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?

- ☐ Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
☒ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

- ☐ Yes (If yes, enter Total Receipts here.)
☒ No

\$

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

- ☐ Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
☒ No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?

- ☐ Yes (If yes, enter Total Receipts here.)
☒ No

\$

SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page

SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY)
Total Receipts from Food Purchases — This Page

TOTAL of additional Section L1 Pages

TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES

II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
McCauley for Mayor	10-10-19

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser	Purchase Made By:
	<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship

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

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

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

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

Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
McCauley for Mayor				10-10-19	
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
[Signature]					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual					
<input type="checkbox"/> Sole Proprietorship					
		Date Received	Event #	Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual					
<input type="checkbox"/> Sole Proprietorship					
		Date Received	Event #	Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual					
<input type="checkbox"/> Sole Proprietorship					
		Date Received	Event #	Aggregate Value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual					
<input type="checkbox"/> Sole Proprietorship					
		Date Received	Event #	Aggregate value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input type="checkbox"/> Business Entity					
<input type="checkbox"/> Individual					
<input type="checkbox"/> Sole Proprietorship					
		Date Received	Event #	Aggregate value for this Event	
Name of Donor					
Street Address			City		State
					Zip Code
SUBTOTAL Section L4 — This Page					
TOTAL of additional Section L4 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS					
<i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
<i>McCauley for Mayor</i>			<i>10-10-19</i>	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host <i>Donna Swarr</i>			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address <i>8 Shultas Place</i>		City <i>Hartford</i>	State <i>CT</i>	Zip Code
Description of Donation <i>FOOD</i>			Fair Market Value of Donation <i>30.00</i>	
Event # <i>092219A</i>	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City	State	Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page			<i>30.00</i>	
TOTAL of additional Section L5 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			<i>30.00</i>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
McCauley FOR MAYOR				10-10-19	
M. In-Kind Contributions					
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Name					
Street Address			City	State	Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
SUBTOTAL Section M — This Page					
TOTAL of additional Section M Pages					
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)					

N. Refundable Deposit to Telephone Company					
Last Name of Individual		First		MI	Date Deposit Made
Residential Street Address		City	State	Zip Code	Amount of Deposit
Name of Telephone Company					
Street Address		City	State	Zip Code	

SEEC FORM 20
Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
McCauley for Mayor	10-10-19

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
Artworks Unlimited	7-19-19	<input checked="" type="checkbox"/> Check # 0096 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State Zip Code
	Hartford	CT

Purpose of Expenditure (by code)	Description	Event #	Amount
	Concert	091019A	500.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

Name of Payee	Date of Payment	Method of Payment:
		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

Name of Payee	Date of Payment	Method of Payment:
		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

Name of Payee	Date of Payment	Method of Payment:
		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		

SUBTOTAL Section P — This Page	500.00
TOTAL of additional Section P Pages	

500.00

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
McClayley FOR Mayor	10-10-19

Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Vistaprint.com		8-18-19	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
	DOOR Hangers		236.93
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
Build a Sign.com		8-18-19	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
	LAWN SIGNS		304.95
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount

SUBTOTAL Section Q — This Page

541.89

TOTAL of additional Section Q Pages

TOTAL OF ALL EXPENSES PAID BY CANDIDATE

541.89

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>McCaulley FOR Mayor</i>	TYPE OF REPORT <i>10-10-19</i>
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R. 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, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Vendor, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Vendor, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section R — This Page	
TOTAL of additional Section R Pages	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals)	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
McCauley FOR Mayor				10-10-19	
S. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) </div> <div> <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div> </div>				
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) </div> <div> <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div> </div>				
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount Incurred <i>(Estimate or Actual)</i>
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) </div> <div> <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D </div> </div>				
SUBTOTAL Section S-This Page					
TOTAL of additional Section S Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>					
Previously reported Expenses Unpaid and still Outstanding					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
McCauley FOR MAYOR				10-10-19	
T. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section T — This Page					
TOTAL of additional Section T Pages					
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					