

SEEC FORM 20

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



RECEIVED FOR FILING
 MAR 01 2016
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Stacy Graving, CTC
TOWN CLERK

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			
SPEER FOR MAYOR			
2. TREASURER NAME			
First Jan	MI A	Last Lougat	Suffix
3. TREASURER ADDRESS			
Street Address 39 Elm Street	City East Haven	State CT	Zip Code 06512
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11.3.15	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 Michael	MI P	Last SPEER	Suffix
8. TYPE OF REPORT (Check One Box)			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report: _____
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<input checked="" type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date	thru	Ending Date	
1.1.16		2.29.16	
10. CERTIFICATION			
<p>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.</p>			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)	Jan Lougat PRINT NAME OF SIGNER	2.29.16 DATE (mm/dd/yyyy)	
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

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	
SPEER FOR MAYOR	TERMINATION	
	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		- 0 -
12. Balance on hand at the beginning of Reporting Period	32.89	
13. Contributions Received from Individuals (Sections A and B)	- 0 -	
14. Receipts from Other Committees (Sections C1 and C2)	- 0 -	
15. Other Monetary Receipts (Sections D through K)	- 0 -	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	- 0 -	
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	- 0 -	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	- 0 -	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	32.89	
19. Expenses Paid by Committee (Section P)	- 0 -	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	32.89	32.89
21. In-Kind Donations not Considered Contributions Received (Section L4)	- 0 -	- 0 -
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	- 0 -	- 0 -
23. In-Kind Contributions Received (Section M)	- 0 -	- 0 -
24. Refundable Deposit to Telephone Company (Section N)	- 0 -	- 0 -
25. Loan Balance	- 0 -	
25a. + Loans Received (Section D)	- 0 -	- 0 -
25b. + Interest and Penalties on Loan	- 0 -	- 0 -
25c. - Payments on Loan	- 0 -	- 0 -
25d. Total Outstanding Loan Amount	- 0 -	
26. Campaign Expenses Paid by Candidate (Section Q)	32.89	32.89
27. Expenses Incurred on Committee Credit Card (Section R)	- 0 -	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	- 0 -	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	- 0 -	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
<i>SPEER FOR MAVOR</i>						<i>TERMINATION</i>	
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="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			<i>If yes, list Event # _____</i>				
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="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			<i>If yes, list Event # _____</i>				
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="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			<i>If yes, list Event # _____</i>				
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="radio"/> Reimbursement for shared expense <input type="radio"/> 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="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page						<i>- 0 -</i>	
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)						<i>- 0 -</i>	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
SPEER FOR MAYOR				TERMINATION	
D. Loans Received this Period					
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>				Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address				Amount Received	
City		State		Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>				Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address				Amount Received	
City		State		Zip Code	
Name of Lender		Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>				Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address				Amount Received	
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	
TOTAL SECTION E				- 0 -	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
SPEER FOR MAYOR	TERMINATION

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
TOTAL SECTION H		- 0 -

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 for deposit in the General Fund.

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
<i>SPEER FOR MOVUR</i>			<i>TERMINATION</i>		
L1. Event Information					
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No		
Location: Street Address		City	State	Zip Code	
Subpart 1: (All Committees)					
Was this event hosted at a personal residence?				<input type="radio"/> 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.)	
				<input type="radio"/> 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?				<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
				<input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 80px;" type="text" value="\$"/>	
				<input type="radio"/> 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?				<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
				<input type="radio"/> 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?				<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 80px;" type="text" value="\$"/>	
				<input type="radio"/> No	
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No		
Location: Street Address		City	State	Zip Code	
Subpart 1: (All Committees)					
Was this event hosted at a personal residence?				<input type="radio"/> 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.)	
				<input type="radio"/> 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?				<input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
				<input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?				<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 80px;" type="text" value="\$"/>	
				<input type="radio"/> 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?				<input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
				<input type="radio"/> 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?				<input type="radio"/> Yes (If yes, enter Total Receipts here.) → <input style="width: 80px;" type="text" value="\$"/>	
				<input type="radio"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page			- 0 -		
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page			- 0 -		
TOTAL of additional Section L1 Pages					
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			- 0 -		

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 <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
SPEER FOR MAYOR	TERMINATION

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

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

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

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

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

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

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

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

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

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

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				- 0 -
--	--	--	--	-------

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page				- 0 -
--	--	--	--	-------

TOTAL of additional Section L3 Pages				- 0 -
--------------------------------------	--	--	--	-------

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>				- 0 -
---	--	--	--	-------

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
SPEER FOR MAYOR	TERMINATION

M. In-Kind Contributions

Name			
Street Address		City	State Zip Code

Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		

Name			
Street Address		City	State Zip Code

Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		

Name			
Street Address		City	State Zip Code

Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		

SUBTOTAL Section M — This Page	- 0 -
TOTAL of additional Section M Pages	- 0 -
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
Name of Telephone Company			Amount of Deposit
Street Address	City	State Zip Code	

TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)	- 0 -
--	-------

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <i>SPEER FOR MAYOR</i>	TYPE OF REPORT <i>TERMINATION</i>
--	--------------------------------------

Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) <i>Connecticut Hospice</i>	Date of Payment <i>2.29.16</i>	Is reimbursement claimed? <input type="radio"/> Yes <input checked="" type="radio"/> No
--	-----------------------------------	--

Street Address <i>100 Double Beach Road</i>	City <i>Branford</i>	State <i>CT</i>	Zip Code <i>06405</i>
--	-------------------------	--------------------	--------------------------

Purpose of Expenditure (by code) <i>MISC</i>	Description <i>Donation to Close out Account</i>	Event #	Amount <i>32.89</i>
---	---	---------	------------------------

Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)	Date of Payment	Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No
--	-----------------	---

Street Address	City	State	Zip Code
----------------	------	-------	----------

Purpose of Expenditure (by code)	Description	Event #	Amount
----------------------------------	-------------	---------	--------

SUBTOTAL Section Q — This Page	<i>32.89</i>
---------------------------------------	--------------

TOTAL of additional Section Q Pages	
--	--

TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>	<i>32.89</i>
--	--------------

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
SPEER FOR MAYOR	TERMINATION

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="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant		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="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant		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="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant		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="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> 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="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Last Name of Worker/Consultant		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="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code

SUBTOTAL Section T — This Page	-0-
TOTAL of additional Section T Pages	-0-
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	-0-