

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised June 2014



RECEIVED FOR FILING

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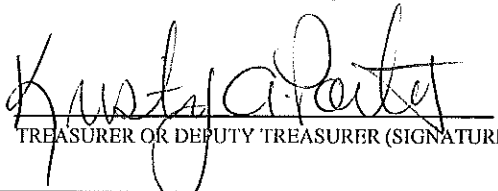
*Stacy Gwinn, CTC*

TOWN CLERK

Do Not Mark in This Space For Official Use Only

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## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Thompson 2015			
<b>2. TREASURER NAME</b>			
First Kristy	MI A	Last Porter	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 93 Austin Ave	City East Haven	State CT	Zip Code 06512
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/3/2015	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) Mayor		<b>6. DISTRICT NUMBER</b> (if applicable)
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First Paul	MI R	Last Thompson	Suffix SR
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input checked="" type="radio"/> January 10 filing <input type="radio"/> April 10 filing <input type="radio"/> July 10 filing <input type="radio"/> October 10 filing <input type="radio"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election			
<input type="radio"/> 7th day preceding primary <input type="radio"/> 30 days following primary <input type="radio"/> 7th day preceding election <input type="radio"/> 12th day preceding election (State Central Committees Only) <input type="radio"/> 45 days following election not held in November			
<input type="radio"/> 7th day preceding referendum <input type="radio"/> 45 days following referendum <input type="radio"/> Deficit <input type="radio"/> Termination			
<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) <input type="radio"/> Amendment to Type of Report: _____			
<b>9. PERIOD COVERED</b>			
Beginning Date 10/1/2014		Ending Date 12/31/2014	
thru			
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Kristy A. Porter PRINT NAME OF SIGNER	1/8/2015 DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.			

**SEEC FORM 20**

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**Itemized Campaign Finance Disclosure Statement**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Revised June 2014

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	
Thompson 2015	January 10, 2015 filing	
	<b>COLUMN A</b> This Period	<b>COLUMN B</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		1175.00
12. Balance on hand at the beginning of Reporting Period		
13. Contributions Received from Individuals (Sections A and B)	✓	1175.00
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)		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)		1175.00
19. Expenses Paid by Committee (Section P)		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	✓	1175.00
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Contributions Received (Section M)		
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O) <i>OPTIONAL</i>		
25. Beginning 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)		0
27. Expenses Incurred on Committee Credit Card (Section R)		0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		January 10, 2015	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b> \$ 1175.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Thompson		Paul	
Residential Street Address		City	State Zip Code
233 Mansfield Grove Rd unit 507		East Haven	CT 06512
Principal Occupation		Name of Employer	
Realtor		Sell Some Property.Com LLC	
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	Amount of Contribution  375.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		10/25/2014	Aggregate Contributions 375
Last Name		First	
Thomson		Ann Marie	
Residential Street Address		City	State Zip Code
233 Mansfield Grove Rd unit 507		East Haven	Ct 06512
Principal Occupation		Name of Employer	
SR. Administrator		Yale University	
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	Amount of Contribution  300.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/21/2014	Aggregate Contributions 300
Last Name		First	
Thompson		Steven	
Residential Street Address		City	State Zip Code
82 View Terrace		East Haven	CT 06512
Principal Occupation		Name of Employer	
District manager		Rite Aid Corporation	
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	Amount of Contribution  250.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		250.00	Aggregate Contributions 250.00
<b>SUBTOTAL Section B — This Page</b>			925.00
<b>TOTAL of additional Section B Pages</b>			1
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13 of Summary Page Totals)</i>			1175.00

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		January 10, 2015	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b>	
		\$ 1175.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Thompson		First Paul	MI R
Residential Street Address 140 Thompson ST unit 13C		City East Haven	State CT Zip Code 06513
Principal Occupation Blind Rehab. Specialist		Name of Employer Veterans Health Administration, West Haven Ct	
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		Amount of Contribution  250.00
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/25/2014	
		Aggregate Contributions 250.00	
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
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		Amount of Contribution  .
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	
		Aggregate Contributions	
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
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		Amount of Contribution  .
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	
		Aggregate Contributions	
<b>SUBTOTAL Section B — This Page</b>			925.00
<b>TOTAL of additional Section B Pages</b>			1
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13 of Summary Page Totals)</i>			1175.00

**I. MONETARY RECEIPTS (Sections A—K)**

<b>NAME OF COMMITTEE</b>					<b>TYPE OF REPORT</b>	
Thompson 2015					1/10/2015 filing	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions		
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>						
Name of Committee				Name of Treasurer		
Address			Date Received		Amount of Receipt	
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution			
Name of Committee				Name of Treasurer		
Address			Date Received		Amount of Receipt	
City	State	Zip Code	<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Payment for goods and services <input type="radio"/> Surplus Distribution			
<b>SUBTOTAL Section C — This Page</b>					-0-	
<b>TOTAL of additional Section C Pages</b>						
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> (Sections C1 + C2) (Enter total on Line 14 of Summary Page Totals)					-0-	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				1/10/2015 filing	
<b>D. Loans Received this Period</b>					
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	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		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	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		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	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
<b>TOTAL SECTION D</b>					-0-
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>					
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		
<b>TOTAL SECTION E</b>					0-0

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		1/10/2015 filing	
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b>			
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	Amount	
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	Amount	
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	Amount	
Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event #	Amount	
<b>TOTAL SECTION F</b>			-0-
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>			
Date of Receipt	Date of Receipt	Date of Receipt	
Amount	Amount	Amount	
<b>TOTAL SECTION G</b>			-0-
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>			
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount	
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount	
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount	
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount	
<b>TOTAL SECTION H</b>			-0-
<b>I. Anonymous Contributions</b>			
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> 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.</p>			



**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE			TYPE OF REPORT		
Thompson 2015			1/10/2015 filing		
<b>J. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
<b>TOTAL SECTION J</b>					-0-
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>					
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					
<b>TOTAL SECTION K</b>					-0-
<b>SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)</b>					
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)					+
<b>Total of Other Monetary Receipts (Add Sections D through K) (Enter total on Line 15 of Summary Page Totals)</b>					-0-



## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE		TYPE OF REPORT	
Thompson 2015		1/10/2015 filing	
<b>L1. Fundraiser Event Information</b>			
Fundraising Event # Date of Fundraiser      Letter		Description	
Location: Street Address		City	State      Zip Code
<b>Subpart 1: (All Committees)</b> Was this fundraising event hosted at a personal residence? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)  <input type="radio"/> No         </div>			
Did this fundraiser include items donated by a business entity of up to \$100 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: 100px;" type="text"/> <input type="radio"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b> Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <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         </div>			
<b>Subpart 3: (Town Committees ONLY)</b> 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: 100px;" type="text"/> <input type="radio"/> No	
Fundraising Event # Date of Fundraiser      Letter		Description	
Location: Street Address		City	State      Zip Code
<b>Subpart 1: (All Committees)</b> Was this fundraising event hosted at a personal residence? <div style="float: right;"> <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)  <input type="radio"/> No         </div>			
Did this fundraiser include items donated by a business entity of up to \$100 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.) → \$ -0- <input style="width: 100px;" type="text"/> <input type="radio"/> No	
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b> Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <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         </div>			
<b>Subpart 3: (Town Committees ONLY)</b> 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: 100px;" type="text"/> <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		-0-	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES (Enter total on Line 16a of Summary Page Totals)		-0-	

## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

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	TYPE OF REPORT
Thompson 2015	1/10/2015 filing

## 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"/> Individual <input type="radio"/> 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"/> Individual <input type="radio"/> 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"/> Individual <input type="radio"/> 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"/> Individual <input type="radio"/> 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"/> Individual <input type="radio"/> 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				

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

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

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

## II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE			TYPE OF REPORT	
Thompson 2015			1/10/2015 filing	
<b>L4. In-Kind Donations Not Considered Contributions</b>				
Name of Donor				
Street Address		City	State	Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
Date Received	Event #	Aggregate Value for this Event		
Name of Donor				
Street Address		City	State	Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
Date Received	Event #	Aggregate Value for this Event		
Name of Donor				
Street Address		City	State	Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
Date Received	Event #	Aggregate Value for this Event		
Name of Donor				
Street Address		City	State	Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
Date Received	Event #	Aggregate Value for this Event		
Name of Donor				
Street Address		City	State	Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
Date Received	Event #	Aggregate value for this Event		
SUBTOTAL Section L4— This Page				
TOTAL of additional Section L4 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page Totals)			-0-	

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT			
Thompson 2015				1/10/2015 filing			
<b>M. In-Kind Contributions</b>							
Name							
Street Address				City		State	Zip Code
Type of contributor: <input type="radio"/> Committee <input 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 checked="" type="radio"/> Yes <input 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 type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input 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 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 checked="" type="radio"/> Yes <input 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 type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input 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 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 checked="" type="radio"/> Yes <input 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 type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input 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 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 checked="" type="radio"/> Yes <input 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 type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
<b>SUBTOTAL Section M — This Page</b>							
<b>TOTAL of additional Section M Pages</b>							
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page Totals)</b>							
<b>N. Refundable Deposit to Telephone Company</b>							
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							
<b>TOTAL SECTION N (Enter total on Line 23 of Summary Page Totals)</b>							

## III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				1/10/2015 filing	
<b>O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — <u>OPTIONAL</u> See Public Act 11-48</b>					
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section O — This Page					
TOTAL of additional Section O Pages					
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES (Enter total on Line 24 of Summary Page Totals)					-0-

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				1/10/2015 filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum P Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page					
TOTAL of additional Section P Pages					
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page Totals)					-0-

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				1/10/2015 filing	
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee (Name of Vendor 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 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 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 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 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 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 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					
TOTAL of additional Section Q Pages					
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page Totals)					-0-



## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				1/10/2015 filing	
<b>R. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:		
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor				Date of Transaction	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum R Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> 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 of Summary Page Totals)					-0-

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				1/10/2015 filing	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum S Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section S-This Page				-0-	
TOTAL of additional Section S Pages				-0-	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 28 of Summary Page Totals)				-0-	
Previously reported Expenses Unpaid and still Outstanding				-0-	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a of Summary Page Totals)				-0-	

## IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE				TYPE OF REPORT	
Thompson 2015				1/10/2015 filing	
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <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		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <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		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <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		First	MI	Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card
Secondary Payee					
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum T Required <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section T — This Page				-0-	
TOTAL of additional Section T Pages				-0-	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				-0-	