SEEC FORM 20

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

RECEIVED FOR FILING
JAN 12 2015
TOWN CLERK'S OFFICE
EAST HAVEN, CONN.

Stary gravino, corc

TOWN CLERK

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE									
Thompson 2015									
2, TREASURER NAME		i i							
First		MI	I	Last				Suffix	
Kristy		Α	ı	Porter					
3, TREASURER ADDRESS Street Address			Lav						
93 Austin Ave			City East l	Haven		State CT	Zîp	Code 06512	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Comple)	te only If	Caudidate Committee)		J	6. DIS	FRICT NUMBER	
(mm/dd/yyyy) 11/3/2015	Mayor						(if applical	ole)	
7. CANDIDATE NAME (Complete only if	Candidale or Explorato		50/00000000000000000000000000000000000					6 61 5 50 6	
Paul Paul		MI R		ast Thompson				Suffix SR	
8. TYPE OF REPORT (Check One Bax)						and the second second		(Edison programme)	
⊙ January 10 filing	7th day preced	ling primar	у	7th day preceding referendum	O Initial Contribution or Disb			or Disbursement	
○ April 10 filing	O30 days follow	30 days following primary 45 days following referendum				(PACs ONLY) Amendment to			
O July 10 filing	O7th day preced	7th day preceding election O Deficit				pe of Repo			
October 10 filing		12th day preceding election Termination (State Central Committees Only)							
O Independent Expenditure Primary Election	O45 days follow not held in No		n			¥			
9, PERIOD COVERED									
	Beginning Dat	te		Ending Date					
_	10/1/2014		1	thru 12/31/2014					
10. CERTIFICATION									
I hereby certify and state, under p Disclosure Statement for the per	enalties of false s iod covered is tru	tatement, (e, accurate	that all e and c	of the information set forth on the complete.	is Iten	nized Can	npaign	Finance	
TREASURER OR DEPUTY TREASURER (SIGNATURE)			Kristy A. Porter PRINT NAME OF SIGNER				1/8/20°	15 (mm/dd/yyyy)	
						.		, , , , , , , , , , , , , , , , , , , ,	
PENALTY FOR FALSE STATEMENT I.	S PUNISHABLE BY I	FINE NOT TO	O EXCE	ED \$1,000, OR IMPRISONMENT FOR NO	OT MOR	RE THAN OF	NE YEAR	c, OR BOTH.	

Page 1 of 17

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	
	COLUMN A This Period	COLUMN B Aggregate
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)	v	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. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
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)	હ	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) OPTIONAL		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount	Ą	
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)		

NAME OF COMMITTEE				TYPE OF REPORT				
Thompson 2015				January 10, 2015				
A. Total Contributions from Small (See instructions for definition of Small Co			nis Period ONLY OTAL SECTION A	\$ 1175.00				
							-	
	B. Itemized Cor	ıtrib	outions from Indivi	duals				
Last Name		Fi	irst			SCH-529-530	МІ	
Thompson		F	Paul				R	
Residential Street Address	Ţ.	City			State	Zip (Code	
233 Mansfield Grove Rd unit 507		East	: Haven		СТ	(06512	
Principal Occupation			Name of Employer		1			
Realtor			Sell Some Property	.Com LLC				
or dependent child of a lobbyist? No d				date for a chief executive officer of a municipality, ted with have a contract with said municipality O Yes No 375.00				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	ing event listed in Section L1? No If yes, indicate which branch or branches				37.	J,00		
Method of Contribution:			Date Received	Aggregate Contributions				
Ocash OPersonal Check Ocredit/Debit Card	l O Payroll Deduction OMoney	Orđer	10/25/2014	375				
Last Name			irst				MI	
Thomspon		P	Ann Marie					
Residential Street Address		City			State	Zip (ode:	
233 Mansfield Grove Rd unit 507		East	Haven		Ct	06	6512	
Principal Occupation Name of Employer								
SR. Administrator Yale University								
or dependent child of a lobbyist? ONO de	f contribution is in excess of \$400 to oes contributor or business he/she i alued at more than \$5,000?						Contribution	
Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or l	branches	e contractor? Yes	300	0.00		
Method of Contribution:			Date Received	Aggregate Contributions	_			
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	12/21/2014	300				
Last Name		Fi	irst				МІ	
Thompson		S	Steven				J	
Residential Street Address		City			State	Zip (Code	
82 View Terrace		East	Haven		CT	06	512	
Principal Occupation			Name of Employer					
District manager			Rite Aid Corporation	on				
or dependent child of a lobbyist? No defined by the definition of the lobby is th	Contribution is in excess of \$400 to oes contributor or business he/she i alued at more than \$5,000?				, Amoi		Contribution	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or l	branches	O Legislative				
Method of Contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney	Order	Date Received 250.00	Aggregate Contributions 250.00				
		SUB	TOTAL Section B —	-This Page 925.0)			
	T	OTA	AL of additional Secti	on B Pages 1				
TOTAL	OF ALL CONTRIBUTIONS (/		M INDIVIDUALS (Se total on Line 13 of Summa		00			

u.

Thompson 2015						January 10, 2015			
A. Total Contributions from Sm	iall Contributors Peccin	ed th	is Parind ONLV						
(See instructions for definition of Small Co			OTAL SECTION A	\$ 1175.00					
	B. Itemized Co	ntribı	utions from Indivi	duals					
Last Name	1-	Fir				MI			
Thompson		Pa	aul			R			
Residential Street Address		City			State	Zip Code			
140 Thompson ST unit 13C		East i	Haven		СТ	06513			
Principal Occupation			Name of Employer						
Blind Rehab. Specialist			Veterans Health A	dminstration, West 1	Haven (Ct .			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? Yes No						Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or b	ranches	te contractor? Yes	s	50.00			
Method of Contribution:			Date Received	Aggregate Contributions	7				
OCash OPersonal Check OCredit/Debit Car	rd O Payroll Deduction OMoney	Order	12/25/2014	250.00					
Last Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Firs	Ist	<u> </u>		MI			
Residential Street Address		City			State	Zip Code			
Principal Occupation			Name of Employer			1			
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contributio			
Is this contribution associated with a Yes		alata aa		te contractor? O Yes	_ `				
fundraising event listed in Section L1?	If yes, indicate which bran	nch or bi	ranches	_ ⊙ №	'				
If yes, list Event #	of government the contrac	t is with		OLegislative	_				
Method of Contribution:	4 Op		Date Received	Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Care	d Payron Deduction Omoney								
Last Name		Firs	SI			MI			
Residential Street Address		City			State	Zip Code			
Principal Occupation	······································		Name of Employer						
or dependent child of a lobbyist? No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				, Amo	ount of Contribution			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		nch or bi	ranches _	te contractor? Yes OLegislative					
Method of Contribution:			Date Received	Aggregate Contributions	,				
OCash OPersonal Check OCredit/Debit Care	d O Payroll Deduction O Money	Order							
		SUBT	FOTAL Section B -	-This Page 925.00)				
	${f r}$	OTAI	L of additional Secti	ion B Pages 1					
TOTAL	OF ALL CONTRIBUTIONS		M INDIVIDUALS (Se tal on Line 13 of Summa		00	<u> </u>			

NAME OF COMMETTEE Thompson 2015					TYPE OF REPORT 1/10/2015 filing	
Thompson 2013	Ci Ci	ontribution	ns from O	her Comi		
Name of Committee		,	13 11 VIII C	Name of Trea		
					ø	
Address			Is this contri	l bution associativent listed in the	Amount of Contribution	
				If yes,		
City	State	Zip Code	Date Rece	ived	Aggregate Contributions	
Name of Committee				Name of Trea	surer	
Address			Is this contri fundraising	event listed in	ted with a Yes No Section L1? list Event #	Amount of Contribution
City	State	Zip Code	Date Rece		Aggregate Contributions	
Name of Committee				Name of Trea	surer	
Address			Is this contri fundraising o	event listed in	ted with a Yes No , Section L1? list Event #	Amount of Contribution
City	State	Zip Code	Date Recei		Aggregate Contributions	-
Name of Committee		1		Name of Trea	surer	
Address			Is this contri fundraising e	event listed in S	red with a Yes No Section L1? list Event #	Amount of Contribution
City	State	Zip Code	Date Recei		Aggregate Contributions	
C2. I	Reimbursements, Pay	ments, or	Surplus D	stribution	s from other Committe	es
Name of Committee				THE OWNER OF THE PROPERTY OF T	Treasurer	
Address					Date Received	* Amount of Receipt
	Io.	i. In a	, T			_
City	Sta	zip Co	ode	Reimbur Payment Surplus I	sement for shared expense for goods and services Distribution	
Name of Committee				Name of	Treasurer	
Address					Date Received	Amount of Receipt
City	Sta	te Zip C	ode I	O Baimbur	sement for shared expense	
City				Payment Surplus	for goods and services	
			SUBTOTA	L Section	C—This Page -0-	
		150 SEC. 150	OTAL S	alalities et c	ection C Pages	
	TOTAL OF ALL CO		- Marie Control	The second secon	AID DECEMBES	
					nimary Page Totals)	

NAME OF COMMITTEE					F REPORT	
Thompson 2015				1/10/2	015 filing	
\mathbf{D}_{i}	. Loans	Receiv	ed this Period			
Name of Lender			Source of Loan: OBank O Can	ndidate (Individ	ual Other Committee	Date of Receipt
Street Address	City		L	State	Zip Code	Is there a Cosigner or Guarantor of this Ioan? Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: Bank Cane	didate () Individu	ual Other Committee	Date of Receipt
Street Address	City		1.14000	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				I	ą;	- Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan: OBank Can	didate () Individu	ual Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
			тот	PAL SECTION	ND -0-	
E. Receipts from Entitles other than	Individ	luals or	Other Comm	ittees (Referen	dum Committees	ONLY
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contr	ibutions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contr	ibutions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contr	ibutions	
			TC.	TAL SECTIO)NE 0-0	

NAME OF COMMITTEE						TYPE OF REPO	DRT		
Thompson 2015	NINA DE MANAGEMENTA D					1/10/2015 fil	ing		
F, Am	ount Transferred	from Affili	ated Bu	siness Tre	asury (Busine	ss Entity Comm.	ittees ONLY)		
Date of Receipt	Is this transaction associ fundraising event listed		8 Yes No	If yes, list Ev	rent#		Amount		
Date of Receipt	Is this transaction associ fundraising event listed		Yes No	<i>If yes</i> , list Ev	ent#		Amount		
Date of Receipt	Is this transaction associ fundraising event listed		Yes No	<i>If yes</i> , list Ev	ent#		Amount		
Date of Receipt	Is this transaction associ fundraising event listed		Yes No	<i>If yes</i> , list Ev	ent#		Amount		
					TOTALSI	CCTION F	-0-		
G. Amount Transfe	erred from Affilia	ted Labor (Union or	· Other Oi	ganization '	Freasury <i>(Org</i>	anization Committees ONLY)		
Date of Receipt		Date of Receipt				Date of Receipt			
Amount		Amount				Amount			
					TOTAL SE	CTION G	-0-		
Н, Р	ersonal Funds of	the Candid	ate Rec	eived this	Period (Cana	idate Committee	s ONLY)		
Date of Receipt	Method of payment:		obcooksoversky research productive			and the second section of the section of t	· Amount		
	O Cash	С	Personal	Check	Credit/Deb	it Card			
Date of Receipt	Method of payment: Cash	0	Personal (Check	Credit/Deb	it Card	Amount		
Date of Receipt	Method of payment:	C) Personal (Check	Credit/Debi	t Card	Amount		
Date of Receipt	Method of payment:						Amount		
	C Cash	0	Personal (Cheek	Credit/Debi	t Card			
					TOTALSE	CTION H	-0-		
		I. Ano	nymous	Contribu	tions				
amount.	Public Act 11-48, If a committee rediately remit the	eceives an	anonyr	nous cont	ribution, the	campaign tr	easurer shall		

for deposit in the General Fund.

NAME OF COMMITTEE	TYPE OF REPORT						
Thompson 2015		1/1	1/10/2015 filing				
J. Interest fi	rom Deposits in Authorized Accour	ıts					
Name of Institution		Date	Received			Amount	
Street Address	To:		1,,	G- 1-			
Succe Address	City	State		p Code			
Name of Institution		Date	Received			Amount	
					!		
Street Address	City	State	Z	p Code	·		
	TOTALS	SEC'	TON.	-0-			
K. Miscellaneous Mo	netary Receipts not Considered Co	ntri	butio	18			
Name			Date of	l'ransaction		Amount Received	
Street Address	T.civ.	Sta	10	Zip Code	_		
Sirect Address	City	210	10	Zip Code			
Description		l		.l			
Name			Date of	Fransaction		Amount Received	
Street Address	City	Sta	te	Zip Code			
Description					.		
Name			Date of	Cransaction		Amount Received	
						Amount Received	
Street Address	City	Sta	ie	Zip Code			
Description					_		
·							
Name			Date of	Transaction .		Amount Received	
Street Address	City	Sta	te	Zip Code			
				<u> </u>			
Description				•			
	TOTALS	ECT	ION I	-0-			
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	18 D	throu	gh K)			
Total Loans Received this Period (Section D)				X.SI			
Total Receipts from Entities other than Individuals or Otl	ner Committees (Section E)			+			
Total Amount Transferred from Affiliated Business Treas				+			
Total Amount Transferred from Affiliated Labor Union o) 		+			
Total Amount of Personal Funds of the Candidate Receive	ed this Period (Section H)			+			
Total Amount of Interest from Deposits in Authorized Ac	counts (Section J)			+			
Total Miscellaneous Monetary Receipts not Considered C	ontributions (Section K)			+			
Total of Other Monetary Receipts (Add Sections	D through K) (Enter total on Line 15 of Sum)	marv F	age Tota	<i>ls</i>) -0-			

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE			TYPE OF REPORT						
Thompson 2015			1/10/2015 filing						
	Lt. Fundraise	r Event Information							
Fundraising Event # Description Date of Fundraiser Letter									
Location: Street Address		City	A)	State	Zip Code				
			₹`						
S. L. 17 (All C. 10)									
Subpart 1: (All Committees) Was this fundraising event hosted at a p	ersonal residence?	Yes (If yes, go to Section I.4 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)							
		ONo	J. <i>j</i>						
Did this fundraiser include items donate \$100 or items donated by an individual of		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, o	r other sale of donated items	OYes (If yes, enter Total Rece	ipts here.)						
with purchases from an individual of up	to \$100?	^	\$						
	20 01 15 02 10	O _{No}	<u> </u>		1				
Subpart 2: (Party Committees, Municipal Were there purchases of advertising spasign associated with this fundraiser?		Yes (If yes, go to Section L3		Space in a	Program Book				
Subpart 3: (Town Committees ONLY)		· · · · · · · · · · · · · · · · · · ·							
Did your committee sell food or bevera		Yes (If yes, enter Total Rec	eipts here.)]				
gathering held within the state with this	fundraiser?	O No	٠, ـــــ						
		9 110							
Fundraising Event # Description Date of Fundraiser Letter									
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committees)									
Was this fundraising event hosted at a pe	rsonal residence?	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.) No							
Did this fundraiser include items donated	her a hydroga autitu of un to	_		*1 10					
\$100 or items donated by an individual o		O Yes (<i>If yes</i> , go to Section L4) and complete required in O No		isiaerea C	ontributions				
Was this fundraiser a tag sale, auction, or		OYes (If yes, enter Total Recei							
with purchases from an individual of up t	o \$100?	O _{No}	→ [\$ ~0)~					
Subpart 2: (Party Committees, Municip Were there purchases of advertising spacesign associated with this fundraiser?		mittees other than Exploratory O Yes (If yes, go to Section L3)		Space in a l	Program Book				
Subpart 3: (Town Committees ONLY)									
Did your committee sell food or beverag		Yes (If yes, enter Total Rece	ipts here.)						
gathering held within the state with this	fundraiser?	O No							
		- 110							
SUBTOTAL Section Li—Subpart	1 (All Committees) Total Receip	ts from Sale of Donated Items -	This Page -0-						
SUBTOTAL Section L1—Subpart 3 (2	Town Committees ONLYS Total I	Receints from Fond Purchases -	This Page -0-						
		TOTAL of additional Secti	Annual Control of the						
TOTAL OF ALL RECEIPTS FR	OM SMALL PURCHASES	(Enter total on Line 16a of Summar,	y Page Totals) -0-						

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

				are no longer required to iter ale of donated items. <i>Sec</i>			,
NAME OF COMMITTEE				TYPE OF REPO)RT		
Thompson 2015				1/10/2015 f	ling		
	L3. Purchas	es of Advertisi	ng in a Progr	am Book or on a Sign			
Name of Purchaser			•		Purcha	ise Made By:	
					OB	usiness Entity	OIndividual
					Osc	ole Proprietorsh	ip ,
Street Address	1 111		City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	n Purchase
							5 W. C
Name of Purchaser					1	se Made By:	
						isiness Entity	OIndividual
Street Address			City		OSo	le Proprietorshi	P Zip Code
outer rudiess			City			State	Zip Code
					. &		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sig	ın Purchase
Name of Purchaser					Purcha	se Made By:	
					l	siness Entity	Olndividual
						le Proprietorshi	_
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch		Amount of Sig	n Durchass
		1-68-844-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		Amount of Frogram Ad 1 dress	ast	Amount of Sig	n i ui chase

Name of Purchaser					_	se Made By:	_
						siness Entity	OIndividual
Caa A #1			I		O _{So}	le Proprietorshi	
Street Address			City			State	Zip Code
					. # `		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ise	Amount of Sig	n Purchase
Name of Purchaser					Purchas	se Made By:	
						siness Entity	Olndividual
					_	le Proprietorshij	_
Street Address			City	·	350		Zip Cođe
			-				
Date Received	Errore #	I	6 195	I			
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ise .	Amount of Sign	n Purchase
		İ					
				SUBTOTAL Section L3		<u></u>	
		Total Purchases	of Advertising in	n Program Book — This Page			
				SUBTOTAL Section L.			
		Total Pi	urchases of Adve	rtising on a Sign — This Page	8		
			TOTAL	of additional Section L3 Pages			
TO	EALOR ALL DIDOGRACE	SOFADARDTIC	INC IN A DROC	RAM BOOK or ON A SIGN	-		
	OI ADDIVAÇIMAJEN			16e of Summary Page Totals)	-0-		

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTE	XII				TYPE OF REPOR	T		
Thompson 2015					1/10/2015 filin	g		
of 1800,000 (Applied 1800) 2012	L4. In-	Kind Donations	Not Consid	ered Contrib	utions			
Name of Donor							00 page 14 years 14 shall 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Street Address			Toy				1.	In a
Succi Address			City				State	Zip Code
Donation Given By:	Description of Donation					Т		
Business Entity	Description of Donation					Fair I	Market Val	lue of Donation
OIndividual	Date Received	Event#		Aggregate Value f	or this Event	-		
OSole Proprietorship	Balo received	Zercik "		riggitgate value i	or this frem			
Name of Donor								
					. «	£ .	F .	
Street Address		****	City				State	Zip Code
Donation Given By:	Description of Donation		L			Fair N	L. Aarket Val	ue of Donation
Business Entity								
O Individual	Date Received	Event #		Aggregate Value fo	or this Event			
Sole Proprietorship								
Name of Donor								
Street Address	· 10 mg		Tat			•		
Street Address			City				State	Zip Code
	T					r		
Donation Given By: Business Entity	Description of Donation					Fair M	farket Val	ue of Donation
OIndividual	Date Received	Event #		Angrenate Value fo	ggregate Value for this Event			
O Sole Proprietorship		is teller		The gregato value is	. d	r	•	
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation		1			Fair N		re of Donation
Business Entity								
O Individual	Date Received	Event#		Aggregate value for	this Event			
O Sole Proprietorship								
			SUBTOTAL S	ection L4— Thi	s Page			
		T	OTAL of addi	tional Section L	4 Pages			
	TOTAL OF ALL IN-KINE							
		(Enter tota	il on Line 21 o	f Summary Page	Totals)			·

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE				TYPE OF REPORT				
Thompson 2015				1/10/2015 filing				
		M. In-Kind Co	ntributions					
Name			POLICE CONTROL OF THE			ASSESSMENT OF THE PROPERTY OF		
Street Address			City		State	Zip Code		
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind (Contribution	•			
Oldindividual / Sole Proprietorship Oother								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? So No		business he/she is associ	didate for a chief executive of iated with have a contract way. Yes No			Market Value Contribution		
Is this contribution associated with a fundraising event listed 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: Output Description:								
Name								
Street Address			City		State	Zip Code		
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind C	Contribution				
Ondividual / Sole Proprietorship Other								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		business he/she is associ	lidate for a chief executive of ated with have a contract w Yes No			Varket Value Contribution		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	No If yes, i	or a principal of a state of a principal of a state of andicate which branch or annent the contract is wi		_ ONo				
Name				9 g				
Street Address			City	-49	State	Zip Code		
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Kind C	Contribution	•			
Oindividual / Sole Proprietorship Other								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or	excess of \$400 to a cand business he/she is associ \$5,000?	idate for a chief executive of ated with have a contract with Yes No	officer of a municipality, ith said municipality		farket Value Contribution		
Is this contribution associated with a	Yes Is contribut	or a principal of a state c	ontractor or prospective sta	te contractor? QYes				
fundraising event listed in Section L1? If yes, list Event #		ndicate which branch or riment the contract is wit		Degislative ONo				
		sı.	JBTOTAL Section M -	This Page				
		TO	TAL of additional Sect	tion M Pages				
avoletis osatis e e								
TOTAL OF ALL II	N-KIND CONTR	IBUTIONS (Enter to	tal on Line 22 of Summary	Page Totals)				
	N. Refund	able Deposit to T	elephone Company	y				
Last Name of Individual		First		МІ	Date Deposit	Made		
				(st	•			
Residential Street Address		City		State Zip Code				
		·				mount of Deposit		
Name of Telephone Company	*****							
тоше от генернопе сотрану								
Street Address		I Cin	17	Photo Via Calla	_			
Street Address		City		State Zip Code				
	TOTALSI	CCTION N (Enter to	tal on Line 23 of Summary	Page Totals)				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE			TYPE OF REPORT			
Thompson 2015			1/10/2015 filing	1/10/2015 filing		
O. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus an				ct 11×48		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ON	LY)	Name of Treasur	er			
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation			Purpose of Expenditure (see instructions) ABBCDD			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	. Y)	Name of Treasure	er .	, , , , , , , , , , , , , , , , , , , ,		
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation			Purpose of Expenditure (see instructions) A B C D			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONL	.Y)	Name of Treasure	er			
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation			Purpose of Expenditure (see instructions) A B C D			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONL	1)	Name of Treasure	r			
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation			Purpose of Expenditure (see instructions) A B C D			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONL))	Name of Treasure	· · ·			
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation			Purpose of Expenditure (see instructions) A OB OC OD			
	SUBT	OTAL Section	ı O — This Page			
	TOTAL	of additional !	Section O Pages			
TOTAL RECEIPTS OF ALL OF			PENDITURES -0-			

NAME OF COMMIT	TEG		TYPE OF REPO	RT	
Thompson 2015			1/10/2015 fili	ng	
		P. Expenses Paid by C	ommittee		
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # (If applicable)	Type of Expenditure (if applicable) Hemization Coordinated without reimbursement so	-	Coordinated with reimbursement s	ought	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description		Event #	Amount	
Expenditure # ((f applicable)	Type of Expenditure (if applicable) Itemization Coordinated without reimbursement so		Coordinated with reimbursement s	ought	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description		Event #		
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemizatio Coordinated without reimbursement so	•	Coordinated with reimbursement so	ought	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card	
Street Address		City		State Zip Code	
Purpose of Expenditure by code)	Description		Event #	Amount	
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemizatio Coordinated without reimbursement sou	•	O Coordinated with reimbursement scation OA OB OC OD	pught	
		SUBTOT	AL Section P — This Page		
		TOTAL of	additional Section P Pages		
TOTAL OF .	ALL EXPENSES PAID BY COM	IMITTEE (Enter total on Lin	ne 19 of Summary Page Totals) -0-		

NAME OF COMMIT	TEE			TYPE OF REPORT			
Thompson 2015				1/10/2015 filing			
		penses Paid by Cand					
Name of Payee (Name of	Vendor who candidate paid directly)		D	Pate of Payment	Is reimb	oursement claimed?	
0					0	Yes O No	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event#			Amount	
Name of Payee (Name of)	l Vendor who candidate paid directly)	The same	D	ate of Payment	Is reimb	oursement claimed?	
					0	Yes () No	
Street Address		City			State	Zip Code	
Purpose of Expenditure	Description		Event #			l Amount	
(by code)			E				
Name of Payee (Name of I	l Pendor who candidate paid directly)		D	ate of Payment	Is reimb	ursement claimed?	
					0	Yes () No	
Street Address		· City			State	Zip Code	
Purpose of Expenditure	Description		Event #			l Amount	
(by code)							
Name of Payee (Name of V	 /endor who candidate paid directly)		D:	ate of Payment	Is reimb	ursement claimed?	
•					0	_	
Street Address		City			State	Zip Code	
		:			:	•	
Purpose of Expenditure	Description		Event#			Amount	
(by code)							
Name of Payee (Name of V	endor who candidate paid directly)		Da	ite of Payment	Is reimb	rsement claimed?	
					OY		
Street Address		City				Zip Code	
		·				r	
Purpose of Expenditure	Description		Event #			Amount	
by code)							
Name of Payee (<i>Name of Ve</i>	endor who candidate paid directly)		Da	to of Payment	Ic raimbu	rsement claimed?	
	,]	io or rayment	OY		
Street Address		City				Zip Code	
		,		i	State	Zip Codo	
Purpose of Expenditure	Description		Event #				
by code)	2000-1000		Event #		A	mount	
		SUBTOTAL Section	Q—Th	is Page		A distribution of the state of	
				-			
		TOTAL of additional S	ection Q	Pages			
TOTAL OF	ALL EXPENSES PAID BY CANDIDATE (E	Inter total on Line 26 of Sum	ımary Pag	e Totals) -()-			

NAME OF COMMIT		T CKES (Sections	TYPE OF REPORT		8
Thompson 2015			1/10/2015 filing	A PROPERTY OF A STATE OF A PROPERTY OF A PRO	and the second s
	R. Expenses Inc.	urred on Committee	Credit Card		
Name of Issuing Inst		Type of Credit Card: O Visa O Master C	_	an Express	Other:
Name of Vendor				Date of Tra	nsaction
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendun Coordinated without reimbursement sought Olndeper	· -	OB OC OD		
Name of Vendor				Date of Tra	nsaction
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 Coordinated without reimbursement sought Olndeper	•	nated with reimbursement sought		
Name of Vendor			,,	Date of Tra	nsaction
Street Address		City		State	Zip Cođe
Purpose of Expenditure (by code)	Description		Event #	-	Amount
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought Independent	· -	OB OC OD		
Name of Vendor				Date of Trai	rsaction
Street Address		City		State	Zîp Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (If applicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought Indepen		ated with reimbursement sought BOCOD		
		SUBTOTAL Section	R — This Page	,	
		TOTAL of additional S	Section R Pages		
	TOTAL OF ALL EXPENSES INCURRE	D ON COMMITTEE ((Enter total on Line 27 of Su			12 10 10 10 10 10 10 10 10 10 10 10 10 10

200

NAME OF COMMIT	TEB		TYPE OF RE	PORT		
Thompson 2015						
	S. Expenses Incurred by Com-	mittee but Not Paid	During this Per	iod		
Name of Creditor		The state of the s			Date Incum	ed
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event#		Ame	ount Incurred
(by code)				os:	(Est.	imate or Actual)
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	S Required O Coordin	I nated with reimbursem	ent sought		
(if applicable)	O Coordinated without reimbursement sought O Independ	dent Organization OA	OB OC OD			
Name of Creditor					Date Incurr	ed
Street Address		City			State	Zip Code
						•
Purpose of Expenditure	Description		Event #		Ame	ount Incurred
(by code)						imate or Actual)
Expenditure #	Type of Expenditure (if applicable) Itemization in Addendum	S Required	ated with reimburseme	ent sought		
(if applicable)	OCoordinated without reimbursement sought OIndepend			an sough		
Name of Creditor		your your your your		<i>(</i>	Date Incurr	· · · · · · · · · · · · · · · · · · ·
					Date Incum	ea
Street Address		City			State	Zip Code
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Purpose of Expenditure	Description		Event #			
(by code)	Beetinien		15vene #			ount Incurred mate or Actual)
Expenditure #	The Control of the Co	0.B				
(fapplicable)	Type of Expenditure (if applicable) Itemization in Addendum Coordinated without reimbursement sought OIndepend		ated with reimburseme	int sought		
At	Octobraniaca without reinbursement saugut Ontdepend	ient Oorganization OA (On Oc On		· · · · · · · · · · · · · · · · · · ·	
Name of Creditor					Date Incurre	ed
Street Address		T 201				
Street Address		City			State	Zip Code
D	In the state of th		In			
Purpose of Expenditure (by code)	Description		Event #			unt Incurred mate or Actual)
Expenditure # (if applicable)	Type of Expenditure (if applicable) Itemization in Addendum	-	ated with reimburseme	nt sought		
	O Coordinated without reimbursement sought O Independ	ent Organization: OA	OR Oc Op			
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			7			
		TOTAL of additional	Section S Pages	-0-		
TOTAL OF IS	I EVERYODE INCUMENTAL ON A CONTROL OF					
TOTAL OF AL	L EXPENSES INCURRED BY COMMITTEE DU ()	IRING THIS PERIOD I Inter total on Line 28 of Sui		-0-		
	Previously reported I	expenses Unpaid and sti	ll Outstanding	-0-		
	history and the second					
	TOTAL OF ALL EXPENSES INCURR (E)	ED BY COMMITTEE iter total on Line 28a of Sun		-0-		

2 1 4

IV. EXPENDITURES (Sections P—T)

Thompson 2015				17Y	10/2015 filing		
mompson 2015	T, Itemization of Re	imbursomoni	s to Committee Wo		_		
Last Name of Worker/Cor		First	s w committee wo	MI	Date of Payment		of Payment: Check # Debit Card
Secondary Payee		<u> </u>			1		
Street Address		*********	City	•		State	Zip Code
			:				
Purpose of Expenditure (by code)	Expenditure Description			Event #		Amount	
Expenditure #	Type of Expenditure (if applicable) Itemiza	ation in Addendun	T Required Coordi	nated with re	mbursement sought	1	
(if applicable)	O Coordinated without reimbursement	t sought 🔘 Indeper	ndent Organization OA	OB OC	\mathbf{O}_{D}		
Last Name of Worker/Cor				МІ	Date of Payment		of Payment: Check # Debit Card
Secondary Payee							
Street Address	1 1014000000		City			State	Zip Code
					. \$ `		
Purpose of Expenditure	Description			Event #			Amount
(by code)							
Expenditure #	Type of Expenditure (if applicable) Itemiza	ation in Addendun	a T Required O Coordi	nated with re	mbursement sought	1	
(if applicable)	O Coordinated without reimbursement	t sought 🔘 Indeper	ndent Organization:OA	OB Oc	O D		
Last Name of Worker/Cor	ısultant	First		MI	Date of Payment		of Payment:
							Check # Debit Card
Secondary Payee		1		<u> </u>	J		
Street Address			City			State	Zip Code
Street Address			City			State	Zip Code
Purpose of Expenditure	Description		City	Eyent#		State	Zip Code Amount
	Description		City	Event#		State	
Purpose of Expenditure (by code) Expenditure #	Description Type of Expenditure (if applicable) Itemize	ation in Addendun			mbursement so ∗ ght	State	
Purpose of Expenditure (by code)			1 T Required Coordi	nated with re	_	State	
Purpose of Expenditure (by code) Expenditure #	Type of Expenditure (if applicable) Itemize		1 T Required Coordi	nated with re	_	State	
Purpose of Expenditure (by code) Expenditure #	Type of Expenditure (if applicable) Itemize		1 T Required Coordi	nated with re	_	State	
Purpose of Expenditure (by code) Expenditure #	Type of Expenditure (if applicable) Itemize		1 T Required Coordi	nated with re	_	State	
Purpose of Expenditure (by code) Expenditure #	Type of Expenditure (if applicable) Itemize		1 T Required Coordi	nated with re	_	State	
Purpose of Expenditure (by code) Expenditure #	Type of Expenditure (if applicable) Itemize		1 T Required Coordi	nated with re	Op.	State	
Purpose of Expenditure (by code) Expenditure #	Type of Expenditure (if applicable) Itemize		n T Required Coordindent Organization A	nated with red	OD is Page -0-	State	
Purpose of Expenditure (by code) Expenditure # (tf applicable)	Type of Expenditure (if applicable) Itemize	t sought O Indeper	TOTAL of addition	on T — Th	S Page -0-	State	
Purpose of Expenditure (by code) Expenditure # (tf applicable)	Type of Expenditure (if applicable) Itemiza Coordinated without reimbursement	t sought O Indeper	TOTAL of addition	on T — Th	S Page -0-	State	