SEEC FORM 20

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

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COVER PAGE

1. NAME OF COMMITTEE

Thompson 2015

2. TREASURER NAME

First	MI	Last	Suffix
Kristy	A	Porter	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
93 Austin Ave	East Haven	CT	06512

4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)	5. OFFICE SOUGHT *(Complete only if Candidate Committee)*	6. DISTRICT NUMBER *(if applicable)*
11/3/2015	Mayor	

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

First	MI	Last	Suffix
Paul	R	Thompson	SR

8. TYPE OF REPORT *(Check One Box)*

- ○ January 10 filing
- ○ April 10 filing
- ○ July 10 filing
- ○ October 10 filing
- ○ Independent Expenditure ☐ Primary ☐ Election
- ○ 7th day preceding primary
- ○ 30 days following primary
- ○ 7th day preceding election
- ○ 12th day preceding election *(State Central Committees Only)*
- ○ 45 days following election not held in November
- ○ 7th day preceding referendum
- ○ 45 days following referendum
- ○ Deficit
- ○ Termination
- ○ Initial Contribution or Disbursement *(PACs ONLY)*
- ◉ Amendment to Type of Report: January 10, 2015

9. PERIOD COVERED

Beginning Date		Ending Date
10/1/2014	thru	12/31/2014

10. CERTIFICATION

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

TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
Kristy A Porter	Kristy A. Porter	2/25/2015

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

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	AMENDED 1-10-15

	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		
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. *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)	1175.00	
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) ***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		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
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	amended January 10, 2015

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A** $ 1175.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Thompson	Paul	R

Residential Street Address	City	State	Zip Code
233 Mansfield Grove Rd # 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? ○ Yes ◉ 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? ○ Yes ◉ No

Amount of Contribution 375.00

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ◉ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
10/25/2014	

Last Name	First	MI
Thompson	Ann Marie	

Residential Street Address	City	State	Zip Code
233 Mansfield Grove Rd # 507	East Haven	CT	06512

Principal Occupation	Name of Employer
Senior Admin. Asst.	Yale University

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ 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? ○ Yes ◉ No

Amount of Contribution 300.00

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ◉ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
12/21/2014	

Last Name	First	MI
Thompson	Steven	J

Residential Street Address	City	State	Zip Code
82 View Terrace	East Haven	CT	06512

Principal Occupation	Name of Employer
Regional Mgr.	Rite Aid

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ 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? ○ Yes ◉ No

Amount of Contribution 250.00

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ◉ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received	Aggregate Contributions
12/25/2014	

SUBTOTAL Section B — This Page	
TOTAL of additional Section B Pages	1
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13 of Summary Page Totals)*	1175.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

A. Total Contributions from Small Contributors-Received this Period ONLY *(See instructions for definition of Small Contributor)* **SUBTOTAL SECTION A**	$ 1175.00

B. Itemized Contributions from Individuals

Last Name	First	MI
Thompson	Paul	R

Residential Street Address	City	State	Zip Code
140 Thomspon St #13C	East Haven	Ct	06513

Principal Occupation	Name of Employer
Blind Rehab.	West Haven V.A.

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ◉ 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? ○ Yes ◉ No

Amount of Contribution 250.00

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ◉ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received: 10/25/2014

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? ○ Yes ◉ 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? ○ Yes ◉ No

Amount of Contribution

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ◉ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ 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? ○ Yes ◉ 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? ○ Yes ◉ No

Amount of Contribution

Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ◉ No
If yes, list Event # _____

Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ◉ No
If yes, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative

Method of Contribution: ○ Cash ◉ Personal Check ○ Credit/Debit Card ○ Payroll Deduction ○ Money Order

Date Received:

Aggregate Contributions:

SUBTOTAL Section B — This Page	
TOTAL of additional Section B Pages	1
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Enter total on Line 13 of Summary Page Totals)*	1175.00

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ○ 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? ○ Yes ○ 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? ○ Yes ○ 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? ○ Yes ○ No *If yes*, list Event # ______		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	○ Reimbursement for shared expense ○ Payment for goods and services ○ Surplus Distribution	

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	○ Reimbursement for shared expense ○ Payment for goods and services ○ Surplus Distribution	

SUBTOTAL Section C — This Page	
TOTAL of additional Section C Pages	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Sections C1 + C2) *(Enter total on Line 14 of Summary Page Totals)*	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

D. Loans Received this Period

Name of Lender				Source of Loan: ○Bank ○Candidate ○Individual ○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		

Name of Lender				Source of Loan: ○Bank ○Candidate ○Individual ○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		

Name of Lender				Source of Loan: ○Bank ○Candidate ○Individual ○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		

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	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

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

Date of Receipt	Is this transaction associated with a fundraising event listed in Section L1?	Amount
	○ Yes ○ No *If yes,* list Event #	
	○ Yes ○ No *If yes,* list Event #	
	○ Yes ○ No *If yes,* list Event #	
	○ Yes ○ No *If yes,* list Event #	
	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
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	○ Cash ○ Personal Check ○ Credit/Debit Card	
	TOTAL SECTION H	

I. Anonymous Contributions

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

J. Interest from Deposits in Authorized Accounts

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

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

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

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

Total Loans Received this Period (Section D)		
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+	
Total Amount Transferred from Affiliated Business Treasury (Section F)	+	
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+	
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+	
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+	
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+	
Total of Other Monetary Receipts (Add Sections D through K) *(Enter total on Line 15 of Summary Page Totals)*		

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

L1. Fundraiser Event Information

Fundraising Event # / Date of Fundraiser / Letter | Description

Location: Street Address | City | State | Zip Code

Subpart 1: (All Committees)

Was this fundraising event hosted at a personal 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 by a business entity of up to $100 or items donated by an individual of up to $100?
- ○ Yes (*If yes*, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.)
- ○ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?
- ○ Yes (*If yes*, enter **Total Receipts** here.) → $
- ○ No

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

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
- ○ Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)
- ○ No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?
- ○ Yes (*If yes*, enter **Total Receipts** here.) → $
- ○ No

Fundraising Event # / Date of Fundraiser / Letter | Description

Location: Street Address | City | State | Zip Code

Subpart 1: (All Committees)

Was this fundraising event hosted at a personal 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 by a business entity of up to $100 or items donated by an individual of up to $100?
- ○ Yes (*If yes*, go to Section L4 **In-Kind Donations not Considered Contributions** and complete required information.)
- ○ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?
- ○ Yes (*If yes*, enter **Total Receipts** here.) → $
- ○ No

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

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
- ○ Yes (*If yes*, go to Section L3 **Purchases of Advertising Space in a Program Book or on a Sign** and complete required information.)
- ○ No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?
- ○ Yes (*If yes*, enter **Total Receipts** here.) → $
- ○ No

SUBTOTAL Section L1—Subpart 1 (*All Committees*) Total Receipts from Sale of Donated Items — This Page	
SUBTOTAL Section L1—Subpart 3 (*Town Committees ONLY*) Total Receipts from Food Purchases — This Page	
TOTAL of additional Section L1 Pages	
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES *(Enter total on Line 16a of Summary Page Totals)*	

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	amended January 10, 2015

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

Name of Purchaser				Purchase Made By: ○Business Entity ○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: ○Business Entity ○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: ○Business Entity ○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: ○Business Entity ○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: ○Business Entity ○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**	
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 ***(Enter total on Line 16c of Summary Page Totals)***	

II. FUNDRAISING EVENT ACTIVITY (Sections L1—L4)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

L4. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
○ Business Entity ○ Individual ○ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
○ Business Entity ○ Individual ○ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
○ Business Entity ○ Individual ○ Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	

Name of Donor

Street Address	City	State	Zip Code

Donation Given By:	Description of Donation			Fair Market Value of Donation
○ Business Entity ○ Individual ○ Sole Proprietorship	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)*	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

M. In-Kind Contributions

Name				
Street Address	City		State	Zip Code
Type of contributor: ○ Committee ○ Individual / Sole Proprietorship ○ Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ 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? ○ Yes ○ No			Fair Market Value of this Contribution
Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ○ No *If yes*, list Event # ________	Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative			

Name				
Street Address	City		State	Zip Code
Type of contributor: ○ Committee ○ Individual / Sole Proprietorship ○ Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ 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? ○ Yes ○ No			Fair Market Value of this Contribution
Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ○ No *If yes*, list Event # ________	Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative			

Name				
Street Address	City		State	Zip Code
Type of contributor: ○ Committee ○ Individual / Sole Proprietorship ○ Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ○ Yes ○ 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? ○ Yes ○ No			Fair Market Value of this Contribution
Is this contribution associated with a fundraising event listed in Section L1? ○ Yes ○ No *If yes*, list Event # ________	Is contributor a principal of a state contractor or prospective state contractor? ○ Yes ○ No *If yes*, indicate which branch or branches of government the contract is with: ○ Executive ○ Legislative			

SUBTOTAL Section M — This Page	
TOTAL of additional Section M Pages	
TOTAL OF ALL IN-KIND CONTRIBUTIONS *(Enter total on Line 22 of Summary Page Totals)*	

N. Refundable Deposit to Telephone Company

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

TOTAL SECTION N *(Enter total on Line 23 of Summary Page Totals)*	

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — OPTIONAL *See Public Act 11-48*

Name of Committee *(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)*		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 *(see instructions)* ○A ○B ○C ○D		
Name of Committee *(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)*		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 *(see instructions)* ○A ○B ○C ○D		
Name of Committee *(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)*		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 *(see instructions)* ○A ○B ○C ○D		
Name of Committee *(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)*		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 *(see instructions)* ○A ○B ○C ○D		
Name of Committee *(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)*		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 *(see instructions)* ○A ○B ○C ○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)*	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

P. Expenses Paid by Committee

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)* **Itemization in Addendum P Required** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization ○ A ○ B ○ C ○ D		

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)* **Itemization in Addendum P Required** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization ○ A ○ B ○ C ○ D		

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)* **Itemization in Addendum P Required** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization ○ A ○ B ○ C ○ D		

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)* **Itemization in Addendum P Required** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization ○ A ○ B ○ C ○ 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)*	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

Q. Campaign Expenses Paid by Candidate

Name of Payee (*Name of Vendor who candidate paid directly*)			Date of Payment	Is reimbursement claimed? ○ Yes ○ 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? ○ Yes ○ 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? ○ Yes ○ 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? ○ Yes ○ 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? ○ Yes ○ 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? ○ Yes ○ 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)*	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: ○ Visa ○ Master Card ○ Discover ○ American Express ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ 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)*	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor				Date Incurred	
Street Address	City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount Incurred *(Estimate or Actual)*	
Expenditure # *(if applicable)*	Type of Expenditure *(if applicable)* **Itemization in Addendum S Required** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization ○ A ○ B ○ C ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization ○ A ○ B ○ C ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization ○ A ○ B ○ C ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization ○ A ○ B ○ C ○ D				

SUBTOTAL Section S-This Page	
TOTAL of additional Section S Pages	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID *(Enter total on Line 28 of Summary Page Totals)*	
Previously reported Expenses Unpaid and still Outstanding	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID *(Enter total on Line 28a of Summary Page Totals)*	

NAME OF COMMITTEE	TYPE OF REPORT
Thompson 2015	amended January 10, 2015

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ○ Check #____ ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ D			

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ○ Check #____ ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ D			

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment: ○ Check #____ ○ 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** ○ Coordinated with reimbursement sought ○ Coordinated without reimbursement sought ○ Independent ○ Organization: ○ A ○ B ○ C ○ D			

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