SEEC FORM 20

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

2023 OCT 11 PM 2: 36 Do Not Mark in This Space For Official Use Only

		YEN IA			
Stewart for H	ar tford				
2. TREASURER NAME					
First Pierce	MI M	Last	ein		Suffix
3. TREASURER ADDRESS	,				
Street Address 87 Barbara Dr		City		State	Zip Code
		Milford		CT	06460
(mm/dd/yyyy) 11/07/2023	5. OFFICE SOUGHT (Comp.	lete only if Candidate (ommittee)		6. DISTRICT NUMBER ((f applicable)
7. CANDIDATE NAME (Complete only if		re)			
First Mark	MI S	Last Gr	eenstein		Suffix
8. TYPE OF REPORT (Check One Box)					
☐ January 10 filing	☐ 7th day preceding prima	ary □ 7th d	ay preceding referendum		ribution or Disbursement
☐ April 10 filing	☐ 30 days following prima	ary □ 45 da	nys following referendum	(PACs ONLY) Amendmen	
☐ July 10 filing	☐ 7th day preceding election	ion 🛮 Defic	eit	Type of Rep	
October 10 filing	☐ 12th day preceding elec		ination		
☐ 24 Hour Independent Expenditure O Primary O Election	☐ 45 days following electron not held in November	ion			
9. PERIOD COVERED					
	Beginning Date 05 /20		Ending Date		
-	每/每/2023	thru—	09/30/2023	3	:
10. CERTIFICATION					
I hereby certify and state, under positive Disclosure Statement for the per				is Itemized C ar	npaign Finance
		Pierce	Klein		10/05/2023
TREASURER OR DEPUTY TREASURE	R (SIGNATURE)	PRINT NAME O			DATE (mm/dd/yyyy)
A narsan who is	found to have knowingly o	and willfully via	lated any provisions of the	e campaian live	mce statutes
A person who is			prisonment or both.	z campaign jina	neo biantino

Page 1 of 17

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Stewart for Hart ford	October 10 filing	3
Schaft for that there	COLUMN A	COLUMN B
	This Period	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	- MARK ()	
13. Contributions Received from Individuals (Sections A and B)	0	0
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0	0
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	0	0
19. Expenses Paid by Committee (Section P)	\circ	0
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\circ	\circ
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	Ò
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	Ø 1350	3 1350
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	14,855.96	14, 855.96
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Fi	ling Repository)	TYPE OF REPORT				
Stewart For Hart	ford	October	10 filing			
A. Total Contributions from Small Contribu (See instructions for definition of Small Contributor)	tors-Received this Period SUBTOTAL SEC	ONLY				
B. It	emized Contributions fr	om Individuals				
Last Name	First		MI			
Residential Street Address	City		State Zip Code			
Principal Occupation	Name of En	ıployer				
	business he/she is associated with h	chief executive officer of a municipal ave a contract with said municipality es \text{No}	ity, Amount of Contribution			
event reported in Section L1?	a principal of a state contractor or p icate which branch or branches ment the contract is with:	rospective state contractor?	1			
Method of Contribution:	Date Receiv	ed Aggregate Contributions				
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Dedu	ction					
Last Name	First		MI			
Residential Street Address	City		State Zip Code			
Principal Occupation	Name of En	pployer				
	business he/she is associated with h	chief executive officer of a municipality ave a contract with said municipality	ity, Amount of Contribution			
event reported in Section L1?	icate which branch or branches					
Method of Contribution:	Date Receiv					
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Dedu	etion Money Order					
Last Name	First		MI			
Residential Street Address	City		State Zip Code			
Principal Occupation	Name of En	sployer				
	business he/she is associated with h	chief executive officer of a municipal ave a contract with said municipality es No	Amount of Contribution			
event reported in Section L1?	a principal of a state contractor or pricate which branch or branches ment the contract is with:	rospective state contractor?				
Method of Contribution: □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Dedu	Date Receiv	ed Aggregate Contributions				
	SUBTOTAL Section	B—This Page				
	TOTAL of additional					
TOTAL OF ALL CONTRIBU						
	r total on Line 13, Column A of Su					

I. MONETARY RECEIPTS (Sections A-K)

				tory)		OF REPORT			
	<u>Stewa</u>	art for H	larttoro			ctober l	0 tiling		
		C1, (Contributio	ns from Other C					
Name of Committee				Name	of Treasurer				
Address				event reported in Sec	ssociated with an y ction L1? If yes, list Event #		Amount of Contribut		
City	,	State	Zip Code	Date Received	Aggregate Con	atributions			
Name of Committee			<u>- </u>	Name	of Treasurer				
Address				event reported in Sec	ssociated with an tion L1? fyes, list Event #	-	Amount	of Contribution	
City		State	Zip Code	Date Received	Aggregate Con				
Name of Committee				Name (of Treasurer				
Address				event reported in Sec	ssociated with an Detion L1? If yes, list Event #	_	Amount o	f Contribution	
City		State	Zip Code	Date Received	Aggregate Con				
	C2 I	Reimhursemen	ts or Surnl	us Distributions	from other Con	nmittees			
Name of Committee					of Treasurer				
Address				City	- AB- 1- AMOUNTAIN .		State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type		<u> </u>			Amoun	t of Receipt	
	(i) applicable)	☐ Reimbursen	nent for shared e	xpense 🔲 Surplus D	vistribution			•	
Description									
Name of Committee				Name o	of Treasuter				
Address				City		******	State	Zip Code	
Date Received	Expenditure # (if applicable)	Payment Type	ement for shared	expense	Distribution		Amoun	t of Receipt	
Description	1	<u> </u>		1114114					
			SUBTO	TAL Section C —	-This Page	Ø		· · · · · · · · · · · · · · · · · · ·	
				of additional Section		ALA ()		
	医克勒氏试验检检验 化氯化甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲	AND	经收益债券的 医人名英格兰氏菌素 经收益 经股份 医二氏性神经炎	RIBUTIONS AND , Column A of Summa	《集集》等。例如1965年的1965年的1966年中的1966年中,1966年中	0			

Revixed Junuary 2015	UNE LAKY KE	CEILIO (26	cuons A—K)		
NAME OF COMMITTEE (Provide Complete Name as Regi	stered with Filing Repository)		TYPE OF	REPORT	
Stewart for Har	tford		Octo	ber 10 fil	ing
	and a property for a second property and a second property of the se	eived this Period	d		
Name of Lender		Source of Loan:			Date of Receipt
		☐ Bank ☐ Ca	undidate 🔲 Individua		
Street Address	City		State	Committee Zip Code	Is there a Cosigner or
				-	Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	Chy		State	Zip Code	
Name of Lender	···········	Source of Loan:	***************************************		Date of Receipt
		☐ Bank ☐ Ca	ındidate 🔲 İndividus	al Other Committee	
Street Address	City		State	Zip Code	Is there a Cosigner or
					Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)				<u> </u>	☐ Yes ☐ No
Name of Cosignet/Guaranioi (ij appreume)					Amount Received
	Ta:		1 64.4	Is: 6)	
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:		1 5 01	Date of Receipt
			andidate 🔲 Individua	of ∐ Other Committee	
Street Address	City		State	Zip Code	Is there a Cosigner or
	İ				Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)				1	Amount Received
Z					Amount Received
Street Address	City		State	Zip Code	
Silect Audiess	City		State	Zip Code	
		TOTAL SEC	TION D	\bigcirc	
				<u> </u>	
E. Receipts from Entities o	ther than Individua	ils or Other Con	nmittees <i>(Rafara</i> :	ndum Committe	es ONI V
Name of Entity	ther than individua	is or other con	minucus (Rejerer	dum Commute	63 O(161)
rane of entry					
Street Address			Date Received	·	Amount Received
Succe Address			Date Received		Amount Accerved
	la.				
City	State	Zip Code	Aggregate Contri	bulions	
Name of Entity					
			·		
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contri	butions	
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contri	hutions	
,	Jointe	Mp Code	Aggregate Contin	D MICH.	
				 	
		TOTAL SEC	TIONE b	JA.	
		987-28-188-6-31-70-7 7-78-188-78-78-	agasta atta atta atta atta atta atta att	= <i>ICI</i> \	

I. MONETARY RECEIPTS (Sections A—K)

Page 6 of 17

NAME OF COMMITTEE (Pro	wide Complete Name as Regist	ered with Filing I	Repository)			TYPE	OF REPORT
Ste	wart for H	<u>artfor</u>	d	The control of the co	Paritie in the contract of the section of the contract of the	00	tober 10 Filing
The first production of the second se	nount Transferred	from Affil	liated Bu	siness Treas	ury (Busin	ess Entity	Committees ONLY)
Date of Receipt	Is this transaction associ		☐ Yes ☐ No	If yes, list Event	#		Amount
Date of Receipt	Is this transaction associevent reported in Section		□ Yes □ No	If yes, list Event	#		Amount
Date of Reccipt	Is this transaction associ		☐ Yes ☐ No	If yes, list Event	#		Amount
Date of Receipt	Is this transaction associ event reported in Section		☐ Yes ☐ No	If yes, list Event	#		Amount
				TOTAL	SECTION	N.F	N/A
G. Amount Transl	ferred from Affilia	ted Labor	Union of	r Other Orga	anization	Treasu	ry (Organization Committees ONLY)
Date of Receipt		Date of Receipt				Date of Re	eceipt
			·			<u> </u>	
Атонн	ıt		Amount				Amount
					filitata (m. 1888)		
				TOTAL S	ECTION (G	N/A
Ħ	Personal Funds of	the Candi	date Rec	eived this Pe	riod <i>(Can</i>	didate Ca	minitage ONLY)
Date of Receipt	Method of payment:	the Cana.	HALL ALL		1104	uinu vo	Amount
	☐ Cash		Personal Che	eck 🔲 (Credit/Debit (Card	
Date of Receipt	Method of payment:				0100112		Amount
	☐ Cash		Personal Che	eck 🔲 (Credit/Debit C	Card	
Date of Receipt	Method of payment:						Amount
	☐ Cash		Personal Che	eck 🔲 (Credit/Debit C	Card	
Date of Receipt	Method of payment:						Amount
	☐ Cash		Personal Che	eck 🔲 (Credit/Debit C	Card	
				тота	L SECTIO	N H	0
<u>en periodo</u>			The state of the s		etti piirmetraa sera		
		I. An	nonvmou	s Contributi	ons		
	Public Act 11-48,						
	 If a committee nediately remit the 						aign treasurer shall
HIH	nediately lenit the			the General		OTCCHIC	nt Commission

SEEC FORM 20 Reflect January 2015 I. MC	ONETARY RECEIPTS	(Sections A—I	()	Page 7 of 17
NAME OF COMMITTEE (Provide Complete Name as Registe	red with Filing Repository)		E OF REPORT	
Stewart for Hartford		al elegibis e a l'apple per establement le service de la compa	October 1	0 filing
J. Inte	erest from Deposits in Authori			
Name of Institution		Date	Received	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date l	Received	Amount
Street Address	City	State	Zip Code	
	TOTA	AL SECTION J	0	
K. Miscellaneo	ous Monetary Receipts not Con	nsidered Contril	outions	
Name			Date of Transaction	Amount Received
Street Address	City	Stat	e Zip Code	
Description				
Name			Date of Transaction	Amount Received
Street Address	City	Stat	e Zip Code	
Description				
Name			Date of Transaction	Amount Received
Street Address	City	Stat	e Zip Code	
Description				
Name			Date of Transaction	Amount Received
Street Address	City	Stat	e Zip Code	
Description				
	TOTALSI	ECTION K	0	
SUMMARY OF O	THER MONETARY RECEIP	TS (Sections D	through K)	
Total Loans Received this Period (Section D)			0	
Total Receipts from Entities other than Individual	s or Other Committees (Section E)	+	0	
Total Amount Transferred from Affiliated Busine	ss Treasury (Section F)	+	0	
Total Amount Transferred from Affiliated Labor	Union or Other Organization Treasu	ry (Section G) +	0	
Total Amount of Personal Funds of the Candidate	Received this Period (Section H)	+	0	
Total Amount of Interest from Deposits in Author	ized Accounts (Section J)	+	0	
Total Miscellaneous Monetary Receipts not Consi	dered Contributions (Section K)	t	Ø	
(Add Sections D t	Total of Other hrough K) (Enter total on Line 15, Colum	r Monetary Rec in A of Summary Page		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF RE	PORT		
Stewart for En Hactford		er 10 f;	ling	
L1. Even	t Information			
Event # Date of Event Letter O92623 A Lunch		Wa	s this a fuu Yes	ndraising event? M No
Location: Street Address	City		State	Zip Code
300 Farmington Ave	Hartford	**************************************	CT	06105
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5 In-Kind Don Associated with a House Party and of purchases made by host(s) for food, be	complete req	uired infor	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Don and complete required information.)	ations not C	onsidered (Contributions
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 Community Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?				Program Book
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	☐ Yes (If yes, enter Total Receipts here.) ☐ No	\$		
Event # Description Date of Event Letter		Wa	s this a fur	ndraising event?
Location: Street Address	City		State	Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	☐ Yes (If yes, go to Section L5 In-Kind Done Associated with a House Party and of purchases made by host(s) for food, be ☐ No	omplete req	uired infor	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	☐ Yes (If yes, go to Section L4 In-Kind Don and complete required information.) ☐ No	ations not C	onsidered (Contributions
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	S		
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of or on a Sign and complete required			Program Book
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 fr	om Sale of Donated Items — This Page	0		
	on L1—Subpart 3 (Town Committees ONLY) ipts from Food Purchases — This Page			
	TOTAL of additional Section L1 Pages	0		
	IPTS FROM SMALL PURCHASES	ð		

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

NAME OF COMMITTEE	(Provide Complete Name as Registe	ered with Filing Reposit	(orv)		TYPE OF REPO	RT		
	est for Hartford				October		filing	
		es of Advertisi	ng in a Progr	ram Book or				
Name of Purchaser						Purchas	e Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Ind	lividual/Sole I	Proprietorship
Street Address	**************************************		City				State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pr	ogram Ad Purcha	se .	Amount of Si	gn Purchase
Name of Purchaser					I	Purchas	e Made By:	
						☐ Bus	siness Entity	☐ Other
						☐ Ind	ividual/Sole F	Proprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pr	ogram Ad Purcha	se Z	Amount of Si	gn Purchase
Name of Purchaser						Purchas	e Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Ind	lividual/Sole I	Proprietorship
Street Address			City				State	Zip Code
	15	1	6 175			\neg		<u> </u>
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pr	ogram Ad Purcha	se	Amount of Si	gn Purchase
Name of Purchaser				-		Purchas	e Made By:	
						□ Bus	siness Entity	☐ Other
						☐ Ind	ividual/Sole F	roprietorship
Street Address	· · · · · · · · · · · · · · · · · · ·		City				State	Zip Code
	T	1.						<u></u>
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pr	ogram Ad Parcha	se 4	Amount of Si	gn Purchase
Name of Purchaser						Purchase	e Made By:	
						☐ Bu	siness Entity	☐ Other
						☐ Ind	ividual/Sole F	roprietorship
Street Address			City		1.		State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Si	gn Purchase
	L SUBTOTAL Section Ls T	otal Purchases of	Advertising in	Program Book -	— This Page	\overrightarrow{O}		
	SUBTOTAL Sect					<u> </u>		
	SUBTOTAL Sect	TOU ES TVIM FULL				0		· · · · · · · · · · · · · · · · · · ·
				f additional Secti		0		
TOTA	L OF ALL PURCHASES (OF ADVERTISIN (Enter total on	G IN A PROG Line 16c, Colum	RAM BOOK or in A of Summary	ON A SIGN Page Totals)	<u> </u>		

NAME OF COMMITTE	E (Provide Complete Name	as Registered with Filing Repository)	TY	PE OF REPOR	T			
	Stewart	for Hartford			October 10 filing				
		4. In-Kind Donations							
Name of Donor									
Street Address			City				State	Zip Code	
		i de Mariante							
Donation Given By:	Description of Donation					Fair	Market Va	lue of Donation	
☐ Business Entity ☐ Individual		I.S		aggregate Value for thi	- Duant	-			
Sole Proprietorship	Date Received	Event #		iggregate value for thi	2 12 setu				
Name of Donor						<u>. I.</u>			
Street Address			City				State	Zip Code	
Donation Given By:	Description of Donation		· · · · · · · · · · · · · · · · · · ·			Fair I	Market Va	ue of Donation	
☐ Business Entity									
☐ Individual ☐ Sole Proprietorship	Date Received	Event #	^	aggregate Value for this	s Event				
Name of Donor									
Street Address			City				State	Zip Code	
								-	
Donation Given By:	Description of Donation					Fair	Market Va	lue of Donation	
☐ Business Entity									
☐ Individual	Date Received	Event#	A	aggregate Value for thi	s Event	1			
☐ Sole Proprietorship									
Name of Donor									
Street Address			City				State	Zip Code	
Donation Given By: Business Entity	Description of Donation					Fair I	Market Val	lue of Donation	
☐ Individual	Date Received	Event #	A	aggregate value for this	Event	-			
☐ Sole Proprietorship									
		SUBT	'OTAL Section L	4 — This Page	Ò				
		TOTAL	L of additional Sc	ation I - Doros		/ ^\			
		1014	E of additional Sc	CHOR LIA Luges	NIA	(0)			
TO	ΓAL OF ALL IN-KIN	D DONATIONS NOT COL (Enter total on Line 21, Co			0				

NAME OF COMMITI	TEE (Provide Complete Name as Registered with Filing Rej	pository)		TYPE OF REP	ORT	
	Stewart for Hartford			Octobe		Filing
	L5. In-Kind Donations Not Consid	ered Contributions Assoc	iated with a l	House Party	7	
Name of Host			committee?	supporting mor ☐ Yes ☐ No complete Itemizati		
Street Address		City			State	Zip Code
Description of Donation				Fair Mark	et Value (of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate	_		
Name of Host			committee?	supporting mor Yes No		
Street Address		City			State	Zip Code
Description of Donation			***************************************	Fair Mark	et Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate			
Name of Host		•	committee?	supporting mor Yes No mplete Itemizati		
Street Address		City			State	Zip Code
Description of Donation				Fair Mark	et Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate			
Name of Host			committee?	supporting mor Yes No		
Street Address	1. WW 1111	City			State	Zip Code
Description of Donation				Fair Mark	et Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	s host/candidate			
		SUBTOTAL Section L5 -	– This Page	0		
		TOTAL of additional Section		0		
	AL OF ALL IN-KIND DONATIONS NO ITH A HOUSE PARTY (Enter total on	OT CONSIDERED CONTI- Line 22, Column A of Summar		0	·	

Revised January 2015	T• 14()1	ATATO.	NEIAN	IKE		IPTS (Section	ns ivi–	-0)		Page 12 of 17
NAME OF COMMITTEE (Provide Complete			Filing Repositor	(ער				OF REPORT		
Stewart for	Hart-	ford					00	tober 10	filing	
			M. In-K	ind Cor	atril	outions				
Mark Stewart (n Freens	s tein								
Street Address 20 N. Quaker Ln					City	Jest Hartfe	ord		State CT	Zip Code 66119
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Receive		Aggregate Co	ıtributions		Description of In-Kind of Stewart for			dsigns	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does cont		business he/sh		ited w	for a chief executive of ith have a contract wi Yes ∏ No				Iarket Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☐ No	If yes,	ntor a principal indicate which crument the co	h branch or	r brai	ctor or prospective stanches Executive		□No	60	io
Name Mark Stewart G	reens	stein								
Street Address 20 N. Quaker Li	n				City	West Har	t for	d	State C T	Zip Code O6119
Type of contributor: □Committee ☑Individual / Sole Proprietorship □Other	Date Receive		Aggregate Cor			Description of In-Kind C Make CT	Contribution (Contribution)	E Again!" s	igns	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con		business he/sl		iated v	for a chief executive of with have a contract w Yes No				Market Value Contribution
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state contractor?								⊡ No	750	
Name	!	•						· · · · · · · · · · · · · · · · · · ·		
Street Address					City				State	Zip Code
Type of contributor: ☐Committee ☐ Individual / Sole Proprietorship ☐Other	Date Receive	ed	Aggregate Con	tributions	1	Description of In-Kind C	Contributio	n		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does con		business he/sl		ated v	for a chief executive of the contract was Yes No				Market Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	☐ Yes I	If yes,	tor a principal indicate which rnment the cor	n branch or	r bran	ctor or prospective stanches Executive		□ No		
			SUI	BTOTAL	Sect	ion M — This Pag	e	@ 1350		
			тота	AL of add	lition	al Section M Page	s	0		
TOTAL OF ALL IN-KIND CON	TRIBUT	IONS Œ	nter total on L	ine 23, Colu	umn A	of Summary Page To	tals)	@ 1350		
	N.	Refund	lable Den	osit to T	'eler	shone Compan	v			
Last Name of Individual				First	<u></u> 1			MI	Date Deposi	Made
Residential Street Address			City				State	Zip Code		Amount of
Name of Telephone Company	···-			·····						Deposit
Company										
Street Address			City				State	Zip Code		
TOTAL SE	CTION	N (Enter i	total on Line 2	24, Column	A of	Summary Page Total	(s)	0		

SEEC FORM 20
Regised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMI	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	Stewart for Hartford		October 10	filing
	P. Expenses	s Paid by Committee		
Name of Payce			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Strect Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditution Coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement sought (in-kind control of the coordinated without reimbursement)	nre) 🔲 Indepen		
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required in None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) 🔲 Independ		
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	ure) 🔲 Indepen		
Name of Payee			Date of Payment	Method of Payment: ☐ Check # ☐ Debit Card ☐ EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the c	ure) 🔲 Indepen		
		SUBTOTAL Section P —	This Page	
		OTAL of additional Section		
	TOTAL OF ALL EXPI (Enter total on Lin	ENSES PAID BY CON te 19, Column A of Summary	Saleh Aprila Rapitat Cilia demakara	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT			
Stewart for Hartford			October 10	filing			
Q. Campaign Expenses Paid by Candidate							
Name of Payee (Name of Vendar, Person or Entity who candidate paid directly) Date of Payment Is reimbursement claimed?							
VFW H	enry Sweeney Post 2	713123	☐ Yes ☑ No				
Street Address 252 Maple	St	city Manchester		State Zip Code NH 03103			
Purpose of Expenditure (by code)	VFW Lodge Membership in 1		Event #	\$25			
	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
Oh Ya! Ma	rketing	City	7/11/23	☐ Yes ☑ No State Zip Code			
608 S. Mai	n st	West Hartfor	rd	CT 06110			
Purpose of Expenditure (by code) A-WEB	Description Uideography and editing		Event #	\$ 9, 500			
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly) arketing		Date of Payment 9/14/23	Is reimbursement claimed? ☐ Yes ☑ No			
Street Address 608 Main	St.	West Hartford	1	State Zip Code CT O6110			
Purpose of Expenditure (by code) A-WEB	Video publicity	I	Event #	4,500			
	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
City-of	Hartford Engage Voters	<u>:</u> US	9/12/23	☐ Yes ☑ No			
Street Address Street Address Asylt	um Ave. 44 S. Broadway, Syite	Hartford h	thite Plains				
Purpose of Expenditure	Description Voter lists and automated ca and unaffiliated voters	Ils to Republicans	Event #	Amount 265,52			
	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
Surai	i Gaikwad		8/23123	☐ Yes 🚺 No			
Street Address 381 S. M	lain St	West Hartford		State Zip Code CT 06107			
Purpose of Expenditure (by code) A - SIGN	Use of lawn signs	F	Event #	Amount 2.00			
	rendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?			
Jordan Ch	ukwura		8/23/23	☐ Yes 🖼 No			
Street Address 19 Main	Sŧ	Vernon		State Zip Code CT 06066			
Purpose of Expenditure (by code)	Description	F	Event #	Amount			
A-SIGN	use of lawn signs			2.00			
	S	UBTOTAL Section Q —	This Page 14,294	.52			
	TOTAL of additional Section Q Pages 561.44						
	TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT								
Stewart	for Hartford	October 10	Filing	9				
Q. Campaign Expenses Paid by Candidate								
Name of Payce (Name of Ve	ndor, Person or Entity who candidate paid directly)	Date of Payment						
EDU-PAC			6/16/23		Yes 🗹 No			
Street Address		City		State	Zip Code			
PO Box 98		Farmington		CT	06034			
Purpose of Expenditure (by code) CNTRB	Description		Event #	1				
TATSC NIND	donation			50				
Name of Payee (Name of Ve	ndor, Person or Entity who candidate paid directly)	Date of Payment	Is reimb	ursement claimed?				
Budget Pá	inters		9/8/23		Yes 🔽 No			
Street Address		City		State	Zip Code			
1718 Park	Rd	Hart ford		CT	06106			
	Description		Event #					
(by code) PRNT	printing leaflets			Amount 50 Is reimbursement claimed? Yes No State Zip Code				
Name of Payee (Name of Ve	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimb	Amount 308.06 Is reimbursement claimed?			
WalMart			9/9/23		Yes 🗹 No			
Street Address		City		State	Zip Code			
495 Flatbo	ash Que	Hartford		CT	06106			
1	Description	, i	Event#	i				
MISC	folding chairs + food for prin	nary clay		49.	80			
Name of Payee (Name of Ve	udor, Person or Entity who candidate paid directly)	***************************************	Date of Payment	Is reimb	ursement claimed?			
Island Cuisine								
1. sland	uisine		9/26/23	ם י	Yes 🗗 No			
Street Address		City	9/26/23					
Street Address	iuisine Emington Ave	city Hartford	9/26/23	State	Zip Code			
Street Address 300 Fa Purpose of Expenditure	emington Ave Description	Hartford	Event #	State CT	Zip Code 06105 Amount			
Street Address 300 Fa	emination Ave	Hartford		State CT	Zip Code 06105 Amount			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD	emington Ave Description	Hartford	Event #	State CT 24.5	Zip Code O 6105 Amount			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payce (Name of Ve	smington Ave Description Lunch + tax + tip under, Person or Entity who candidate paid directly)	Hartford	Event# 092623 A	State CT 24.5	Zip Code 06105 Amount 58 ursement claimed?			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve	cmington Ave Description lunch + tax + tip	Hartford	Event # Oq2623 A Date of Payment	State CT 24.5	Zip Code 06105 Amount 58 ursement claimed? Yes V No			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve) Budge t Street Address	smington Ave Description Lunch + tax + tip under, Person or Entity who candidate paid directly)	Hartford	Event # Oq2623 A Date of Payment	State CT 24.5 Is reimb	Zip Code O 6 1 0 5 Amount 5 8 ursement claimed? Yes [3] No			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve Budge t Street Address	emington Ave Description Lunch + tax + tip Indor, Person or Entity who candidate paid directly) Printers The Rd Description	Hartford City Hartford	Event # Oq2623 A Date of Payment	State CT 24.5 Is reimb State CT	Zip Code O 6 1 0 5 Amount 5 8 ursement claimed? Yes [3] No			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve Budge t Street Address	emington Ave Description Lunch + tax + tip Indor, Person or Entity who candidate paid directly) Printers The Rd Description	Hartford City Hartford	Event # O92623 A Date of Payment 9/26/23	State CT 24.5 Is reimb State CT	Zip Code O 6 1 0 5 Assount S 8 ursement claimed? Yes No Zip Code O 6 1 0 6			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve Budge t Street Address 1719 Pa Purpose of Expenditure (by code) PRNT	emington Ave Description Lunch + tax + tip Indoor, Person or Entity who candidate paid directly) Printers To k Rd Description Printing CGA 4-pg. docs and Si	Hartford City Hartford	Event # 092623 A Date of Payment 9/26/23 Event #	State CT 24.5 Is reimb State CT	Zip Code 06105 Amount 58 ursement claimed? Yes V No Zip Code 06106 Amount			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve Budge t Street Address 1719 Pa Purpose of Expenditure (by code) PRNT	emington Ave Description Lunch + tax + tip Indor, Person or Entity who candidate paid directly) Printers The Rd Description	Hartford City Hartford	Event # O92623 A Date of Payment 9/26/23	State CT 24.5 Is reimb State CT 129 Is reimb	Zip Code O 6 10 5 Amount S 8 ursement claimed? Yes No Zip Code O 6 10 6 Amount ursement claimed?			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve Budge t Street Address 1719 Pa Purpose of Expenditure (by code) PRNT Name of Payee (Name of Ve	emington Ave Description Lunch + tax + tip Indoor, Person or Entity who candidate paid directly) Printers To k Rd Description Printing CGA 4-pg. docs and Si	Flartford Flartford FL Cherry St	Event # 092623 A Date of Payment 9/26/23 Event #	State CT 24.5 Is reimb CT 129 Is reimb	Zip Code O 6 1 0 5 Amount S 8 ursement claimed? Yes No Zip Code O 6 1 0 6 Amount ursement claimed? Yes No			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve Budge t Street Address 1719 Pa Purpose of Expenditure (by code) PRNT	emington Ave Description Lunch + tax + tip Indoor, Person or Entity who candidate paid directly) Printers To k Rd Description Printing CGA 4-pg. docs and Si	Hartford City Hartford	Event # 092623 A Date of Payment 9/26/23 Event #	State CT 24.5 Is reimb State CT 129 Is reimb	Zip Code O 6 10 5 Amount S 8 ursement claimed? Yes No Zip Code O 6 10 6 Amount ursement claimed?			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve) Street Address 1718 Pa Purpose of Expenditure (by code) PRNT Name of Payee (Name of Ve) Street Address	omington Ave Description Lunch + tax + tip Indor, Person or Entity who candidate paid directly) Printers To k Rd Description printing CGA 4-pg. docs and Sindor, Person or Entity who candidate paid directly)	Flartford City Flartford FL Cherry St City	Event # 092623 A Date of Payment 9/26/23 Event #	State CT 24.5 Is reimb State CT 129 Is reimb	Zip Code O 6 10 5 Assount S 8 ursement claimed? Yes No Zip Code O 6 10 6 Amount ursement claimed? Yes No Zip Code			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve) Street Address 1718 Pa Purpose of Expenditure (by code) PRNT Name of Payee (Name of Ve) Street Address	emington Ave Description Lunch + tax + tip Indoor, Person or Entity who candidate paid directly) Printers To k Rd Description Printing CGA 4-pg. docs and Si	Flartford City Flartford FL Cherry St City	Event # Oq 2623 A Date of Payment Q/26/23 Event # Date of Payment	State CT 24.5 Is reimb State CT 129 Is reimb	Zip Code O 6 1 0 5 Amount S 8 ursement claimed? Yes No Zip Code O 6 1 0 6 Amount ursement claimed? Yes No			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve Budge t Street Address 17 19 Pa Purpose of Expenditure (by code) PRNT Name of Payee (Name of Ve Street Address	Opercription Lunch + tax + tip Indor, Person or Entity who candidate paid directly) Printers In k Rd Description Printing CGA 4-pg. docs and Sinder, Person or Entity who candidate paid directly) Description	City Flartford FL Cherry St City	Event # Oq2623 A Date of Payment Q/26/23 Event # Date of Payment	State CT 24.5 Is reimb CT 129 Is reimb	Zip Code O 6 10 5 Assount S 8 ursement claimed? Yes No Zip Code O 6 10 6 Amount ursement claimed? Yes No Zip Code			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve Budge t Street Address 17 19 Pa Purpose of Expenditure (by code) PRNT Name of Payee (Name of Ve Street Address	Opercription Lunch + tax + tip Indor, Person or Entity who candidate paid directly) Printers In k Rd Description Printing CGA 4-pg. docs and Sinder, Person or Entity who candidate paid directly) Description	Flartford City Flartford FL Cherry St City	Event # Oq 2623 A Date of Payment 9/26/23 Event # Date of Payment	State CT 24.5 Is reimb CT 129 Is reimb	Zip Code O 6 10 5 Assount S 8 ursement claimed? Yes No Zip Code O 6 10 6 Amount ursement claimed? Yes No Zip Code			
Street Address 300 Fa Purpose of Expenditure (by code) FOOD Name of Payee (Name of Ve Budge t Street Address 17 19 Pa Purpose of Expenditure (by code) PRNT Name of Payee (Name of Ve Street Address	Opercription Lunch + tax + tip Indor, Person or Entity who candidate paid directly) Printers In k Rd Description Printing CGA 4-pg. docs and Sinder, Person or Entity who candidate paid directly) Description	City Flartford FL Cherry St City	Event # Oq2623 A Date of Payment Q/26/23 Event # Date of Payment	State CT 24.5 Is reimb CT 129 Is reimb	Zip Code O 6 10 5 Assount S 8 ursement claimed? Yes No Zip Code O 6 10 6 Amount ursement claimed? Yes No Zip Code			

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repe	osilory)	TYPE OF REPO	ORT		
				tober 10 filing		
		urred on Committee (the control of the co			
Name of Issuing Insti	tution	Type of Credit Card:				
		□ Visa □ Mast	er Card Discover	American Express	of ther:	
Name of Vendor, Person o	or Entity	<u> </u>		Date of T	ransaction	
l.						
Street Address		City		State	Zip Code	
					•	
Purpose of Expenditure (by code)	Description		Event#		Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum R Reg None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	expenditure)	nw" is checked) dependent ganization: O A O B O C	о D		
Name of Vendor, Person of	r Entity			Date of T	ransaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum R Reg None of the below Coordinated with reimbursement sought (joins of Coordinated without reimbursement sought (in-	expenditure)	ow" <i>is checked)</i> dependent ganization: O A O B O C	• о р		
Name of Vendor, Person of	r Entity			Date of T	ransaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Req. None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	expenditure)	op" is checked) dependent ganization: OAOBOC	о р		
		SUBTOTAL Section R	— This Page			
		TOTAL of additional Sect	tion R Pages			
ТО	TAL OF ALL EXPENSES INCURRED (Enter total o	ON COMMITTEE CRI n Line 27, Column A of Summ				

Name (Company Property Street Company Company				metawak kwanta esi.	
	[EE (Provide Complete Name as Registered with Filing Repository))	TYPE OF REPORT	^ 1·	
Stewa	act for Hartford		October 10	<u>filing</u>	
	S. Expenses Incurred by Com	mittee but Not Paid	During this Period	Santanias (S. 18)	
Name of Creditor				Date Incu	red
Street Address	MATERIAL MAT	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		ount Incurred timate or Actual)
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	☐ Indepe			
Name of Creditor				Date Incur	red
Street Address		Сйу		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		ount Incurred timate or Actual)
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Name of Creditor				Date Incur	red
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		ount Incurred timate or Actual)
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	☐ Indepe			
		SUBTOTAL Section 3	S-This Page		
	T	FOTAL of additional Sec	tion S Pages		
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	ING THIS PERIOD BUT ine 28, Column A of Summa			
	Previously reported Exp	oenses Unpaid and still O	utstanding		
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	D BY COMMITTEE BU' ne 28a, Column A of Summa			
		,			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTE	${ m EE}$ (Provide Complete Name as Registered with Filing Repositor	לינ	TY	PE OF RE	PORT		
Stewart for Hartford				October 10 filing			
	T. Itemization of Reiml	oursements and Sec	ondary Pa	yees			
Last Name of Worker/Cons	sultant	First			МІ		Payment to Vendor, or Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	1			n Section P:		Worker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		.1		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require	nditure) 🔲 Ind	ependent		ос о р		
Last Name of Worker/Cons	ultant	First			MI		Payment to Vendor, or Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant				Section P:		Worker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City				State	Zîp Code
Purpose of Expenditure (by code)	Description		Event#				Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expe	nditure) 🔲 Ind	r" is checked) lependent ganization: O A		осор		
Last Name of Worker/Cons	r Sultant	First	1 - NJ + M		МІ		Payment to Vendor, or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		<u> </u>			Section P:		Worker/Consultant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	City		<u> </u>		State	Zip Code
Purpose of Expenditure (by code)	Description		Event#				Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expended) Coordinated without reimbursement sought (in-kind	nditure) 🔲 Ind	w" is checked) ependent anization: O A		СОВ		
		SUBTOTAL Section	T — This Pa	ge ()		
		TOTAL of additional S	ection T Pag	ges ()		
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS AND CO	NSULTAN'	TS ()		