Page 1 of 17

SEEC FORM 20

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

TOWN CLERK'S OFFICE FEB 16 2024 PM3:05

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE	10000000000000000000000000000000000000			9550 1 1 5 5 5 5 FB			West to
Committee for a United RTC							
2. TREASURER NAME					4,85,69,85,15,8		35.3
First		МІ	Last			Suf	ffix
Joseph		L	Romano				
3. TREASURER ADDRESS		3.175.50	W 2010 AV				
Street Address	100 200 100	C	City		State	Zip Code	
7 Linwood Avenue		F	Riverside		СТ	06878	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	GHT (Complete (only if Candidate C	ommittee)		6. DISTRIC	T NUMBE
(mm/dd/yyyy) 3-5-2024	Republican Tov	wn Committe	ee			(if applicable)	
7. CANDIDATE NAME (Complete only if	Candidate er Explorete	ory Committee)	Philips to		1.42K-11		
First Slate of Candidates (see attached))	MI	Last			Sut	ffix
8. TYPE OF REPORT (Check One Bex)		d Congress					1. Eo y
O January 10 filing	7th day prece	ding primary	7th da	ny preceding referendum	Initial Co	ntribution or Di	sburseme
O April 10 filing	O30 days follow	wing primary	O 45 da	ys following referendum	Amendm	ent to	
July 10 filing	O7th day prece	ding election	ODefic	it	Type of R		
October 10 filing	O12th day prec		n O Termi	nation			
O ²⁴ Hour Independent Expenditure O ^{Primary} OElection	O45 days follow not held in No						
9. PERIOD COVERED	- 17 m	nsesija.	jerije som		To this		er e
	Beginning Da	ate		Ending Date			
	02-08-2024		thru (02-14-2024			
10. CERTIFICATION			The state of the				E M
I hereby certify and state, under p Disclosure Statement for the pe		true, accura	ate and comp	lete.	his Itemized C	ampaign Finar	nce
		J	oseph L Roma	ano		2-14-2023	ļ
TREASURER OR DEBUTY TREASURE	ER (SIGNATURE)	P	PRINT NAME OF	SIGNER		DATE (mm	/dd/yyyy)
THE ABOUT ON BUTTON							

Committee for a United RTC SEEC Form 3 Question # 28 Name of Candidates

Iill Barile Nicholas Barile Scott Diddel Jill Kelly Joe Kelly Andrea Blume Mike Bocchino Josh Brown Paul Cappiali Victoria Cappiali Jerry Cincotta **Andy Duus** Mike Hahn Marc Johnson Paul Olmsted Lisa Becker Edmundson Michael Evenston Janet Freiheit Michael Freiheit Caron Vizzo St Phillip Dina Urso Barbara Darula Patty DeFelice Pam Pagnani Lauren Rabin Steve Warzoha

Carol Zarilli

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)	TYPE OF REPORT	
Committee for a United RTC	Initial Contribution/Dist	oursement
	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	0	
13. Contributions Received from Individuals (Sections A and B)	5901.00	5901.00
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)	5901.00	5901.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	5901.00	5901.00
19. Expenses Paid by Committee (Section P)	237.94	237.94
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	5663.06	5663.06
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		W
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)		Charles and the
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	westra — worm	TYPE OF REPORT			
Committee for a United RTC		Initial Contribution/I	Disbursement		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	red this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized Cor	ntributions from Indivi	iduals			
Last Name	First		MI		
SEE ATTACHED					
Residential Street Address	City	s	State Zip Code		
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Oyes ONo	ve officer of a municipality, t with said municipality	Amount of Contribution		
event reported in Section L1? No If yes, indicate which bran		O No			
If yes, list Event # of government the contract		Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received Order	Aggregate Contributions			
Last Name	First	<u>L</u> .	MI		
Residential Street Address	City	S	itate Zip Code		
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to			Amount of Contribution		
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	Yes No	t with said municipality			
Is this contribution associated with an event reported 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: Executive C Legislative					
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order		!		
Last Name	First		MI		
Residential Street Address	City	s	State Zip Code		
Principal Occupation	Name of Employer	<u> </u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? No Is contributor a principal of a s If yes, indicate which bram of government the contract		te contractor? No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order				
SUBT	OTAL Section B — This	Page			
TOTAL	of additional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	A INDIVIDUALS (Sections 13, Column A of Summary Page		-		

. V.

Last Name	First	Street Address	City	State	Zip Occupation	Employer	01	50	3	24 Method	Date Received	Aggrega Amount	
1 Romano		7 Linwood Ave	Riverside	ե	06878 Controller	Stepping Stones	8	ş	 9	Vo Cash	1/8/1900	3	\$50
2 Cappiali	Paul	28 Hartford Avenue	Greenwich	ե	06830 Sales	Empire Merchants	S	8	2	Vo Credit card	_		\$500.00
3 DADAKIS	EDWARD	81 Mallard Dr	Greenwich	Ե	06830 Broker	Aon	Š	õ	- ∾	Vo Credit card	3 2/12/2024		\$500.00
4 Warzoha	Stephen	933 King Street	Greenwich	ь	06831 Assistant	McMahon Ventures LLC	Š	9 N	- %	Vo Credit card			\$1,500.00
5 Kelly	Joe	1 Windrose Way	Greenwich	Ե	06830 Broker	Self employed	Š	8	8	to Credit car			\$1,000.00
6 Cowie	Stephanie	99 Londonderry Dr	GREENWICH	Ե	06830 retired	retired	ž	8	<u>۹</u>	No Credit can			\$250.00
7 Freiheit	Janet	92 Valleywood Road	Cos Cob	Ե	06807 retired	retired	Š	Š	- S	No Credit card			\$200.00
8 Romano	Joseph	7 Linwood Avenue	Riverside	Ե	06878 Controller	Stepping Stones	Š	9 N	8	No Credit can		51.00	\$1.00
9 Duus	Andreas	26 Cherry Tree Lane	Riverside	ธ	06878 retired	retired	Š	9 N	- 8	vo Credit car			\$500.00
10 Freiheit	Michael	92 Valleywood Rd	Cos Cob	ь	06807 Wealth Management	Wells Fargo	Š	S.	- 8	No Credit can	- •		\$200.00
11 Cincotta	Jerny	6 Willow Rd	Riverside		06878 retired	retired	2	Š	8	to Credit card			\$250.00
12 Hahn	Michael	9 Anthony Place	Riverside	ե	06878 retired	retired	8	8 8	No N	Vo Credit card			\$500.00
13 Urso	Dina	41 Pond Place	Cos Cob		06807 Attorney	State of Connecticut	8	Š	~ %	to Credit card			\$250.00
14 Johnson	Marc	24 Cherry Tree Lane	Riverside	Ե	06878 Real Estate Development	Stone Harbor Land	9	S _O	N N	No Credit card	_		\$200.00

Total Donation 2-14-24

\$5,901

I. MONETARY RECEIPTS (Sections A—K)

T									
Committee for	MITTEE (Provide Complete a United RTC	te Name as Registered v	vith Filing Reposi	tory)		TYPE OF RE	PORT tribution/Dist	ourseme	ent
		C1. C	Contributio	ns from	Other Co				
Name of Committee					Name of 1				·
Address				Is this co	orted in Sectio	ciated with an OYes On L1?	No Ai	mount of	Contribution
City		State	Zip Code	Date R	Received	Aggregate Contribution	ns		
Name of Committee		<u> </u>		.	Name of	reasurer	<u> </u>		·
Address		· · · · · · · · · · · · · · · · · · ·	.,	Is this co	orted in Section	ciated with an Yes C n L1? es, list Event #		mount of	Contribution
City		State	Zip Code	Date R	Leceived	Aggregate Contribution	ns		
Name of Committee		·	<u> </u>	•	Name of	reasurer	I		
Address				Is this co	orted in Sectio	ciated with an Yes On L1?	No Ai	mount of	Contribution
City		State	Zip Code	Date F	Received	Aggregate Contribution	ns		
	C2. F	Reimbursemen	ts or Surp	lus Distr	butions fr	om other Committ	ees		
Name of Committee					Name of 1	l'reasurer		-	
Address	··			City	I			State	Zip Code
Date Received	Expenditure # (Y applicable)	Payment Type OReimbursem	nent for shared	expense (Surplus Dist	ribution		Amount	of Receipt
Description		•							
Name of Committee					Name of I	Treasurer			
Address				City				State	Zip Code
Date Received	Expenditure # (If applicable)	Payment Type Reimburse	ement for share	d expense	O Surplus D	stribution		Amount	of Receipt
Description									
	Wall		SUBTO	TAL Sec	tion C — T	his Page			
				#E13 A-3-1/14	nal Section				
		ALL COMMIT s C1 + C2) (Enter							

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Camplete Name as Registered with Fi	ling Reposite	ory)		TY	E OF I	REPORT	
Committee for a United RTC				Init	ial Co	ntribution/Di	sbursement
D.	Loans	Receiv	ed this Period				
Name of Lender			Source of Loan:				Date of Receipt
Ober Address			OBank O Candid	_		Committee	
Street Address	City			Stat	ė	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosignet/Guarantor (if applicable)					_		Amount Received
Street Address	City	_		Sta	te	Zip Code	
Name of Lender	-		Source of Loan: Bank Candid	late O Ind	ividual	Other Committee	Date of Receipt
Street Address	City			Stat	e i	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City			Sta	te	Zip Code	
Name of Lender	<u> </u>		Source of Loan: Bank Candid	late O Ind	ividual	Other Committee	Date of Receipt
Street Address	City			Stat	e	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)				•			Amount Received
Street Address	City			Sta	te	Zip Code	
E. Receipts from Entities other tha	n Indivi	iduals o	or Other Commi	ittees (Re	eferen	dum Committee	es ONLY)
Name of Entity				<u>`</u>			
Street Address				Date Receiv	ved		Amount Received
City		State	Zip Code	Aggregate	Contribu	ntions	
Name of Entity				1		1	
Street Address				Date Receiv	ved		Amount Received
City		State	Zip Code	Aggregate	Contrib	utions	
Name of Entity	J			ı			·
Street Address				Date Receiv	ved	. <u>. </u>	Amount Received
City		State	Zip Code	Aggregate	Contrib	utions	
THE SEARCH STATE			TOTAL SECTION	ON E	0		

I. MONETARY RECEIPTS (Sections A—K)

	E (Provide Complete Name as Regist	ered with Filing Repository)		TY	PE OF REPORT
Committee for a Ur	nited RTC			lni	itial Contribution/Disbursement
F	. Amount Transferred	from Affiliated B	usiness Treasury (E	usiness Er	ntity Committees ONLY)
Date of Receipt	Is this transaction assoc event reported in Sectio		If yes, list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		If yes, list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		If yes, list Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		If yes, list Event#		Amount
			TOTAL SECT	ION F	0
G. Amount T	ransferred from Affilia	ted Labor Union o	or Other Organizat	ion Trea	asury (Organization Committees ONLY)
Date of Receipt		Date of Receipt			of Receipt
	Amount		Amount		Amount
			TOTAL SECTION	ON G	0
	H. Personal Funds of	the Candidate Re	ceived this Period	(Candidate	e Committees ONLY)
Date of Receipt	Method of payment:				Amount
	O Cash	O Personal Ch	neck Credit/D	ebit Card	
Date of Receipt	Method of payment:				Amount
	O Cash	O Personal Ch	eck Credit/D	ebit Card	
Date of Receipt	Method of payment:	···			Amount
	OCash	Personal Ch	eck Credit/D	ebit Card	
Date of Receipt	Method of payment:				Amount
	OCash	O Personal Ch	eck O Credit/D	ebit Card	
			TOTAL SEC	TION H	0
		I. Anonymou	18 Contributions		
	Per Public Act 11_48	Anonym area Ca-	4	lan = - 1-	and dominate of the second

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.

NAME OF COMMITTEE (Provide Complete Name as Registered with F	Iling Repository)	TYP	E OF R	EPORT		
Committee for a United RTC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		tribution/D	ishurs	ement
J. Interest fr	om Deposits in Authorized Accoun	'			1500115	- CHICH
Name of Institution			Receive	1		Amount
Street Address	City	State	Z	ip Code	1	
Name of Institution		Date	Received	1		Amount
Street Address	City	L State	Z	ip Code	1	
				-		
	TOTAL SECTIO	NI	0	·		
V Missallaneaus Ma						
Name	netary Receipts not Considered Co	ntri			-	
Natie			Date of	Transaction		Amount Received
Street Address	City	Sta	ate	Zip Code	\dashv	
	'			1		
Description				<u> </u>	\dashv	
Name			Date of	Transaction		Amount Received
Street Address	City	Sta	ite	Zip Code		
Description				ŀ		
Name			Date of	Transaction		Amount Received
						Amount Received
Street Address	City	Sta	ite	Zip Code		
				_		
Description						
Name			Date of	Transaction	\rightarrow	. —
						Amount Received
Street Address	City	Sta	ate	Zip Code	\dashv	
Description		•				
		_				
	TOTAL SECTION K	0				
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	thro	igh K)		
Total Loans Received this Period (Section D)						
Total Receipts from Entities other than Individuals or Oth	ner Committees (Section E)	+				
Total Amount Transferred from Affiliated Business Treas	ury (Section F)	+				· · · · · · · · · · · · · · · · · · ·
Total Amount Transferred from Affiliated Labor Union o	r Other Organization Treasury (Section G) +				<u> </u>
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)	+				
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summar,	Rec	eipts	0		

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
Committee for a Unite	d RTC		Initial Contribution	on/Disbursen	nent
	L1. Even	t Information			
Event # Date of Event Letter	Description			Was this a fur	ndraising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committ	ees)	<u>l</u>			<u> </u>
	e goods or services donated by a business entity nated by an individual of up to \$100?	OYes (If yes, go to Section L. Associated with a Hor purchases made by hos O No O Yes (If yes, go to Section L. and complete required	use Party and completed (s) for food, beverage (s) A In-Kind Donations	e required infor and invitations.)	mation for any
	<u> </u>	ON ₀	,		
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items idividual of up to \$100?	OYes (If yes, enter Total Rec	eipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this	nittees, Municipal Candidates and Political Comma devertising space in a program book or on a fundraiser?	O No Consider than Exploratory	3 Purchases of Advert		Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	reipts here.)	\$	
Event # Date of Event Letter	Description			Was this a fun	ndraising event?
Location: Street Address		City	-	State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L.: Associated with a Hou purchases made by hos	ise Party and complete	e required infor	Contributions mation for any
	e goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section L and complete required O No		not Considered (Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items idividual of up to \$100?	OYes (If yes, enter Total Rec	reipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this t	ittees, Municipal Candidates and Political Comn idvertising space in a program book or on a fundraiser?		3 Purchases of Adverti		Program Book
Subpart 3: (Town Comm Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Reco	eipts here.)	\$	
SUBTOTAL Section	n L1-Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page		
		ion L1—Subpart 3 (Town Commit ipts from Food Purchases — '			
		TOTAL of additional Section	Li Pages		
		IPTS FROM SMALL PUI Line 16a, Column A of Summary			.,

II. EVENT ACTIVITY (Sections L1—L5)

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

	(Provide Complete Name as Register	ed with Filing Reposito	(עיני		TYPE OF REPOI	RT		
Committee for a United	RTC				Initial Contrib	ution	/Disbursem	ent
	L3. Purchase	s of Advertisi	ng in a Progra	m Book or o	n a Sign			
Name of Purchaser				-		Purchas	e Made By:	
						OBu	siness Entity	Other
						Oind	lividual/Sole P	Toprietorship
Street Address			City	•			State	Zip Code
			1					
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Bus	anama Ad Brancha		A	
			TOT THE EVOLG	Amount of Fre	gram Ad Purcha	36	Amount of Sig	gu rurcuase
Name of Purchaser	· · · · ·					Purchas	e Made By:	
					1	OBu	siness Entity	Other
						Oind	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Sig	n Purchase
								- 1 - 1 - 1 - 1 - 1 - 1
Name of Purchaser		-			Ĭ	Purchas	e Made By:	_
	i.					OBu	siness Entity	Other
			·			Ond	lividual/Sole P	roprietorship
Street Address			City				State	Zip Code
								i
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Sig	n Purchase
				5.50	•		W (9)	
·		<u> </u>						
Name of Purchaser					i		e Made By:	_
						Ξ	siness Entity	Other O
Connect Address		<u> </u>	T =.			O Ind	ividual/Sole P	
Street Address			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Sig	n Purchase
						i		
Name of Purchaser						_	e Made By:	O = :
					i	Ξ	siness Entity	Other
Street Address			I circ			O Ind	ividual/Sole P	
ancer vomess			City				State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se /	Amount of Sig	n Purchase
		<u>_</u>						
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	rogram Book –	– This Page			
				- 10				
	SUBTOTAL Section	on L3 Total Purc	hases of Advertis	ing on a Sign –	– This Page			
.,W =	SE SE 34.0	0.8	TOTAL C	3344 34				
	M// X= _ == 0 a		TUTAL of a	dditional Section	on 1.3 Pages			
TOTAL	OF ALL PURCHASES O	F ADVERTISIN	G IN A PROGRA	AM BOOK or	ON A SIGN O		-	
		(Enter total on	Line 16c, Column	A of Summary I	Page Totals)			

NAME OF COMMITT	FF Provide Complete Name	as Registered with Filing Reposi	22		TWE OF PER	~~~		<u> </u>
Committee for a Un		as Kegisterea wan ruing Repost	aury)		TYPE OF REPO		liab	
		4 In Wind Donothon	No.4 Committee		Initial Contri	oution/L	uspursen	nent
Name of Donor	L	4. In-Kind Donation	18 Not Consi	dered Contribu	uons			
Street Address			City				State	Zip Code
								I p code
Donation Given By:	Description of Donation			· · ·		1	<u> </u>	
OBusiness Entity						Fair.	Market Va	lue of Donation
Olndividual	Date Received	Event #		Aggregate Value fo	r this Event	_		
O Sole Proprietorship								
Name of Donor								
Street Address		· · · · · · · · · · · · · · · · · · ·	City				State	Zip Code
Donation Given By:	Description of Donation					Rair 1	Market Val	ue of Donation
OBusiness Entity						""	ATHT WELL A WI	de of Donadon
Olndividual	Date Received	Event #		Aggregate Value fo	r this Event			
OSole Proprietorship								
Name of Donor	<u> </u>	······································						-
Street Address			City				State	Zip Code
!								
Donation Given By:	by: Description of Donation					Fair	l Market Val	lue of Donation
Business Entity								
Olndividual	Date Received	Event #		Aggregate Value fo	r this Event	┪		
O Sole Proprietorship								
Name of Donor					· ,	· '		
Street Address			City			<u>.</u>	State	Zip Code
Donation Given By:	Description of Donation					Fair I	Market Val	ue of Donation
Business Entity								
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for	this Event	_		j
C sole Proprietorship								
		sui	BTOTAL Secti	on L4 This Page				
		тот	AL of addition	al Section L4 Page	5			-
707	TALOR ALL IN-KINI	D DONATIONS NOT C	ANGIDEDED	CONTRIBUTION				
	THE OF ADD IN-NIII	(Enter total on Line 21,						
				<u>. </u>				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (P.	vide Complete Name as Registered with Filing Reposi					
Committee for a United R		uory)		TYPE OF RE		/D1.1
						/Disbursemer
Name of Host	n-Kind Donations Not Consider	ed Contributions Associ				
Name of riost			committee?	supporting m OYes ON omplete Itemiz	lo .	ne candidate or
Street Address		City			State	Zip Code
Description of Donation				Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate	-		
Name of Host			committee?	supporting m OYes ON omplete Itemiz	lo .	ne candidate or
Street Address		City	1		State	Zip Code
Description of Donation			<u> </u>	Fair Mar	rket Value	of Donation
				1		
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this	host/candidate			
Name of Host			committee?	supporting m OYes ON omplete Itemiz	lo .	ne candidate or
Street Address		City	1.	•	State	Zip Code
Description of Donation		··· <u> </u>		Fair Mai	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this i	host/candidate			
Name of Host		<u> </u>	Is this event s committee?	supporting me OYes ON mplete Itemize	o	
Street Address		City			State	Zip Code
Description of Donation				Fair Mar	ket Value (of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
	s	SUBTOTAL Section L5	This Page			
	то	OTAL of additional Section	L5 Pages	··· <u> </u>		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li	CONSIDERED CONTRI		0		

NAME OF COMMITTEE (Provide Complete	Name as Re	egistered with	Filing Reposit	tory)			TYPE	OF RE	PORT			
Committee for a United RTC								Initial Contribution/Disbursement				
			M. In-	Kind Cor	ıtri	butions					-	
Name				*			-		·			
Street Address		<u> </u>			City	,				State	Zip Code	
Type of contributor: OCommittee	Date Rece	ived	Aggregate C	ontributions	_	Description of In-Kind	Contribution	מס		!		
Olndividual / Sole Proprietorship Oother												
Is contributor a lobbyist, spouse, Yes	If contri	ibution is in	excess of \$4	00 to a candid	date	for a chief executive o	fficer of	a mun	icipality,	-		
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No									Market Value			
Is this contribution associated with an	O Yes			al of a state c		actor or prospective sta	ite contra	etor?	OYes	01 (81)	s Contribution	
event reported in Section L1? If yes, list Event #	O No	If yes,	indicate whi	ch branch or contract is wit	r bra	nches			No	ľ		
Name		or gove	mment me c	ontract is wit	h.	O Executive	Legis	lative		<u></u>		
Street Address					City	·				10		
					City					State	Zip Code	
Type of contributor: Committee	Date Recei	ived	Aggregate Co	ontributions	Щ	Description of In-Kind (_		
Olndividual / Sole Proprietorship Oother			/ Aggregate Co	Ondications		Description of In-Kind (onurbutio	n				
	If contr	ribution is in	averes of \$	100 to	22	6		-				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ntributor or at more than	business he/	she is associa	ated y	for a chief executive of with have a contract w Yes No	ith said n	a mur nunici	ncipality, pality		Market Value is Contribution	
Is this contribution associated with an	O Yes	Is contribu	tor a principa	al of a state co	ontra	ctor or prospective sta	te contra	ctor?	OYes			
event reported in Section L1? If yes, list Event #	O No	If yes,	indicate which	ch branch or ontract is with	brar	nches	_		Q _{No}			
Name		0. 8010	Inflictit the Ci	OHUBEL IS WILL	u.	O Executive (Legisl	ative				
Street Address	_				City	 .				State	Zip Code	
Type of contributor: OCommittee	Date Recei	ved	Aggregate Co	ontributions	Щ	Description of In-Kind C	ontributio	n			<u> </u>	
Olndividual / Sole Proprietorship Oother		_ <u></u> _										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contr	ibution is <u>in</u> atributor or	excess of \$4	00 to a candi	date	for a chief executive o vith have a contract wi	fficer of	a mun	icipality,		Market Value	
or dependent child of a lobbyist? O No	valued	at more than	\$5,000?			Yes O No	us şaid n	iunicij	рацту	of thi	s Contribution	
Is this contribution associated with an event reported listed in Section L1?	Q Yes	Is contribut	or a principa	of a state co	ontra	ctor or prospective stat	e contrac	tor?	OYes			
If yes, list Event #	O No			ch branch or i		Executive (Legisla	ative	Ø№			
	!		- CII	DTOTAL O	Cont							
			- 30	BIOIAL	Seci	ion M — This Pag				·		
		··.	TOI	AL of addi	ition	al Section M Page	3					
TOTAL OF ALL IN-KIND CON	TRIBU 1	TIONS Œ	nter total on l	Line 23, Colus	ил А	of Summary Page Tot	0 (داه					
	N.	Refund	able Dep	osit to To	eler	phone Company	7		1			
Last Name of Individual		·		First			<u>'</u>		MI	Date Deposi	it Made	
Residential Street Address			Cit	<u> </u>			State	Zip (`ode	-		
				•			- -	["	10		Amount of	
										1	Deposit	
Name of Telephone Company										7		
										İ		
Street Address			City	y		- 1	State	Zip (Code			
										- [
TOTAL SE	CTION	N (Enter to	otal on Line	24, Column	A of	Summary Page Total) 0					

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20 Berland James 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Committee for a		Initial Contribution	n/Disbursement	
	P. Expenses	Paid by Committee		
Name of Payee See attached Street Address		City	Date of Payment	Method of Payment: O Check # O Debit Card O EFT State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	c) Independ		
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card OEFT
Street Address		City	•	State Ztp Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e) Independ		
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card OEFT
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 un None of the below Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	re) [Indepen		
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card O 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 un None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e) Independ	ŕ	
	S	UBTOTAL Section P —	This Page	·
		TAL of additional Section		
	TOTAL OF ALL EXPE	NSES PAID BY COM 19, Column A of Summary	Page Totals) 237.94	

Committee for a United RTC Expenses

Amount	\$8.30	\$10.30	\$20.30	\$10.30	\$8.30	\$20.30	\$0.34	\$8.30	\$10.30	\$40.30	\$60.30	\$20.30	\$20.30
Type		2	m	4	5	9	7	00	6	0			ım
Event# Exp.#										1			. "
Description	Credit card fee	Credit card fee	Credit card fee	Credit card fee	Credit card fee	Credit card fee	Credit card fee	Credit card fee	Credit card fee	Credit card fee	Credit card fee	Credit card fee	Credit card fee
Purpose	75201 bank	75201 bank	75201 bank	75201 bank	75201 bank	75201 bank	75201 bank	75201 bank	75201 bank	75201 bank	75201 bank	75201 bank	75201 bank
<u>Zip</u>													
<u>State</u>	¥	¥	¥	¥	ዾ	¥	¥	¥	Ķ	Ķ	¥	¥	ዾ
Town	Dallas	Dallas	Dallas	Dallas	Dallas	Dallas	Dallas	Dallas	Dallas	Dallas	Dallas	Dallas	Dallas
Street Address	1920 McKinney Ave 7th Fl	1920 McKinney Ave 7th Fl		1920 McKinney Ave 7th Fl	1920 McKinney Ave 7th Fl						1920 McKinney Ave 7th FI	1920 McKinney Ave 7th FI	1920 McKinney Ave 7th Fl
Method	2/12/2024 Debit	:/12/2024 Debit	2/12/2024 Debit	2/12/2024 Debit	2/12/2024 Debit	2/12/2024 Debit	2/13/2024 Debit	2/13/2024 Debit	2/13/2024 Debit	2/13/2024 Debit	:/13/2024 Debit	:/13/2024 Debit	:/14/2024 Debit
<u>Date</u>	2/1:	2/1.	2/1.	2/1.	2/1.	2/1.	2/1	2/1:	2/1:	2/13	2/1:	2/13	2/17
Payee	1 Anedot	Anedot	Anedot	Anedot	Anedot	Anedot	Anedot	Anedot	Anedot	Anedot	Anedot	Anedot	Anedot
Number	1,	•	•	•	•	•	•	•	•	•	•	•	

\$237.94 Total Fees 2-14-24

NAME OF COLOUR	TEF O 11 C 11 II		TUBE OF BERORE					
Committee for a U	TEE (Provide Complete Name as Registered with Filing Reposit		TYPE OF REPORT					
Committee for a C				Initial Contribution/Disbursement				
		xpenses Paid by Cand	idate					
Name of Payee (Name of I	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?				
				O Yes O No				
Street Address		City	<u>_</u>	State Zip Code				
Purpose of Expenditure	Description		Event #	Amount				
(by code)								
Name of Payer (Name of 1	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?				
				O Yes O No				
Street Address		City		State Zip Code				
Purpose of Expenditure	Description		Event #	Amount				
(by code)								
Name of Payee (Name of I	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?				
				O Yes O No				
Street Address		City		State Zip Code				
Purpose of Expenditure (by code)	Description	Event #	Amount					
Name of Payee (Name of F	endor, Person or Entity who candidate paid directly)	· · · · · · · · · · · · · · · · · · ·	Date of Payment	Is reimbursement claimed?				
				O Yes O No				
Street Address		City		State Zip Code				
Purpose of Expenditure (by code)	Description		Event #	Amount				
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Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	In primbura was all land 40				
			350 577 572.22.2	O Yes O No				
Street Address		City		State Zip Code				
Purpose of Expenditure	Description	•	Event #	Amount				
(by code)								
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?				
				O Yes O No				
Street Address		City		State Zip Code				
Purpose of Expenditure (by code)	Description	-	Event #	Amount				
(by code)								
		SUBTOTAL Section Q -	- This Page					
	т	OTAL of additional Section	on Q Pages					
	TOTAL OF ALL EX	PENSES PAID BY CA	NDIDATE 0					
	(Enter total on L	ine 26, Column A of Summar	Page Totals)					

IV. EXPENDITURES (Sections P—T)

	C						E OF REPORT				
Committe for a U					Initial Contribution/Disbursement						
No.	R. Expenses Incurr			dit Card							
Name of Issuing Inst	itution	Type of Cre	dit Card:								
		O Visa	Master C	ard ODis	scover OAmeric	an Expres	Other:				
Name of Vendor, Person	or Entity			· .		Date of T	ransaction				
Street Address		City	<u> </u>			State	Zip Code				
						•					
Purpose of Expenditure	Description			Event#		┼	A				
(by code)]	Amount				
Expenditure #	Type of Expenditure (Itemization in Addendum R Require	d and see Allen			<u> </u>	-					
(if applicable)	O None of the below	a uniess "None	of the below" i	is checked)							
	Coordinated with reimbursement sought (joint expen	diture)	O Indepe	ndent							
	Coordinated without reimbursement sought (in-kind	contribution)	O Organi:	zation:OA (DB Oc OD	1					
Name of Vendor, Person	or Entity				<u></u>	Date of T	ransaction				
		_									
Street Address		City				State	Zip Code				
Purpose of Expenditure (by code)	Description	<u> </u>		Event #	*		Amount				
,											
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require	d unless "None	of the below"	is checked)	 	†					
19 approach	O None of the below		_								
	Coordinated with reimbursement sought (joint expen	diture)	O Indepe	ndent	3= O= O=						
Name of Vendor, Person			Colgania	Zalloll OA (Эв Ос Ор						
,	,					Date of 1	ransaction				
Street Address		City					I'a				
		City				State	Zip Code				
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urpose of Expenditure by code)	_ /6.;			_	<u> </u>						
	Description			Event #			Amount				
	Description			Event #			Amount				
Expenditure #	Type of Expenditure (Itemization in Addendum R Requires	d uniess "None	of the below" i				Amount				
Expenditure #	Type of Expenditure (Itemization in Addendum R Requires None of the below		_	s checked)			Amount				
Expenditure #	Type of Expenditure (Itemization in Addendum R Requires	diture)	O Indepen	s checked)	OR Or On		Amount				
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Expenditure # If applicable)	Type of Expenditure (Itemization in Addendum R Requires O None of the below Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement s	diture) contribution) UBTOTAL S TAL of addition	O Indeper Organiz Section R — T	s checked) adent cation:OA (This Page R Pages			Amount				

NAME OF COMMIT	IEE (Provide Complete Name as Registered with Filing Repository)		TYPE	OF REPORT		
Committee for a			nitial Contribution/Disbursement			
	S. Expenses Incurred by Com	nittee but Not Paid				
Name of Creditor	Date Incu	rred				
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)	Description			nount Incurred stimate or Actual)		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	Indep	endent)B Oc Op		
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Purpose of Expenditure (by code)	Description	<u></u>	Event #		1	nount Incurred
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		SUBTOTAL Section	S-This Page			
	Т	OTAL of additional Sec	tion S Pages			•
TOTAL OF ALL I	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on Li	NG THIS PERIOD BUT ine 28, Column A of Summa	NOT PAID Ty Page Totals)		·	
	Previously reported Expe	enses Unpaid and still O	utstanding			-
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin.	BY COMMITTEE BU		0		

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repositor	nul.	10 St		1	TWO	COERT	DODE:				
Committee for a U	nited RTC	<u>y) </u>					YPE OF REPORT iitial Contribution/Disbursement					
	T. Itemization of Reimb	billi	rsements	and Seco								
Last Name of Worker/Con		First				L Ay		МІ		Payment to or Entity	Vendor,	
Name of Vendor, Person of	r Entity Paid by Committee Worker/Consultant							o Reimburse n Section P				
Street Address of Vendor	Person or Entity Paid by Committee Worker/Consultant	_,	2 -			<u>'</u>	Che	ck#		bit Card	OEFT	
Succession vehicles	esson of Entity Para by Committee Worker/Consultant		City						State	Zip Code		
Purpose of Expenditure (by code)	Description				Event #					Amount	<u> </u>	
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Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					n		Reimburse Section P		Worker/Cor		
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City			•	•••		State	Zip Code	- -	
Purpose of Expenditure (by code)	Description				Event #					Amount	,	
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Last Name of Worker/Cons	ultant	Fire	st					MI	Date of l Person o	Payment to r Entity	Vendor,	
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Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City						State	Zip Code	<u> </u>	
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TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	/O	RKERS A	ND CON	SULTA	NTS	0					
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