

# SEEC FORM 20

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



TOWN CLERK'S OFFICE  
MAR 6 2024 PM 4:01

Do Not Mark in This Space For Official Use Only

## COVER PAGE

<b>1. NAME OF COMMITTEE</b> Committee for a united RTC			
<b>2. TREASURER NAME</b>			
First Joseph	MI L	Last Romano	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 7 Linwood Ave	City Riverside	State CT	Zip Code 06378
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 3-5-24	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) Republican Town Committee		<b>6. DISTRICT NUMBER</b> (if applicable)
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First State of candidates	MI	Last	Suffix
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input type="checkbox"/> January 10 filing	<input checked="" type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date 2-15-24		thru	Ending Date 2-25-24
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Treasurer or Deputy Treasurer (Signature) 		PRINT NAME OF SIGNER Joseph L. Romano	DATE (mm/dd/yyyy) 3/5/24
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

**SEEC FORM 20**

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

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
Committee for A United ETC	7 Day Before Primary	
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	5,663.06	
13. Contributions Received from Individuals (Sections A and B)	4675.00	10,576.00
14. Receipts from Other Committees (Sections C1 and C2)		
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	4675.00	10,576.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	10,338.06	10,576.00
19. Expenses Paid by Committee (Section P)	3508.40	3746.34
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	6829.66	6829.66
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		
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 <i>(Provide Complete Name as Registered with Filing Repository)</i> <span style="font-size: 1.2em; color: blue;">Committee for a United RTC</span>	TYPE OF REPORT <span style="font-size: 1.2em; color: blue;">7 days before Primary</span>
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i> SUBTOTAL SECTION A	\$

## B. Itemized Contributions from Individuals

Last Name		First		MI	
Residential Street Address			City		State
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate Contributions	
Last Name		First		MI	
Residential Street Address			City		State
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate Contributions	
Last Name		First		MI	
Residential Street Address			City		State
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate Contributions	

**SUBTOTAL Section B — This Page**

**TOTAL of additional Section B Pages**

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)**  
*(Enter total on Line 13, Column A of Summary Page Totals)*

See Attached

Committee for a United RTC  
Donations

#	Last Name	First	Street Address	City	State	Zip	Occupation	Employer	Q1	Q2	Q3	Q4	Method	Date Received	Aggregate	Amount
15	Rabin	Lauren	56 Glenville Street	Greenwich	CT	06831	Gartner	Marketing	No	No	No	No	Credit card	2/16/2024		\$250.00
16	Hess	Debra	4 Kensington ct	Old greenwich	CT	06870	retired	retired	No	No	No	No	Credit card	2/16/2024		\$500.00
17	Pagnani	Pamela	211 West Lyon Farm D	Greenwich	CT	06831	Sotheby's International R	International R Managing Broker	No	No	No	No	Credit card	2/11/2024		\$500.00
18	McMahon	Linda	14 Hurlingham Drive	Greenwich	CT	06831	Self	Executive	No	No	No	No	Credit card	2/20/2024		\$1,000.00
19	Diddei	Gregory	52 Indian Field Road	Stamford	CT	06902	Sales	Diddel & Diddel LLC	No	No	No	No	Credit card	2/21/2022		\$150.00
20	Warzoha	Stephen	933 King Street	Greenwich	CT	06831	Assistant	McMahon Ventures LLC	No	No	No	No	Credit card	2/21/2024		\$500.00
21	St Phillip	Caren	30 Jeffrey Road	Greenwich	Ct	06830	Owner	Carens Cos Cobber	No	No	No	No	Credit card	2/22/2023		\$250.00
22	Edmundson	Lisa	16 Stanwich Lane	Greenwich	CT	06830	Marketing	Storm Atwell	No	No	No	No	Credit card	2/23/2024		\$100.00
23	Edmundson	Thomas	16 Stanwich Lane	Greenwich	CT	06830	Self	Sales	No	No	No	No	Credit card	2/23/2024		\$100.00
24	Danula	Barbara	8 Garden Place	Greenwich	CT	06831	Pension Consultant	Aon	No	No	No	No	Credit card	2/23/2024		\$100.00
25	Rabin	Lauren	56 Glenville Street	Greenwich	CT	06831	Gartner	Marketing	No	No	No	No	Credit card	2/24/2024	500.00	\$250.00
26	Cappiali	Paul	28 Hartford Avenue	Greenwich	CT	06830	Sales	Empire Merchants	No	No	No	No	Credit card	2/24/2024	600.00	\$100.00
27	Stevens	Jeff	34 Dans Highway	New Canaan	CT	06840	President	Interational Expo	No	No	No	No	Credit card	2/24/2024		\$500.00
28	DADAKIS	Edward	81 Mallard Road	Greenwich	CT	06830	Broker	Aon	No	No	No	No	Credit card	2/24/2024	600.00	\$100.00
29	Zarrilli	Carol	10 Brook Crossway	Greenwich	CT	06831	Retired	Retired	No	No	No	No	Credit card	2/24/2024		\$100.00
30	Urso	Dina	41 Pond Place	Cos Cob	CT	06807	Attorney	State of Connecticut	No	No	No	No	Credit card	2/24/2024		\$50.00
31	Cortese	Yolanda	41 Oak Street	Greenwich	CT	06831	Admin	NE Oil	No	No	No	No	Credit card	2/24/2024		\$0.00
32	Warzoha	Diane	933 King Street	Greenwich	Ct	06831	Retired	Retired	No	No	No	No	Credit card	2/25/2024		\$125.00
Total @ 2-25-24															\$4,675.00	



# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> <span style="font-size: 1.2em; color: blue;">Committee for A United RTC</span>	<b>TYPE OF REPORT</b> <span style="font-size: 1.2em; color: blue;">7 Day before Primary</span>
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### C1. Contributions from Other Committees

Name of Committee				Name of Treasurer					
Address				Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>				Amount of Contribution	
City		State	Zip Code	Date Received		Aggregate Contributions			

Name of Committee				Name of Treasurer					
Address				Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>				Amount of Contribution	
City		State	Zip Code	Date Received		Aggregate Contributions			

Name of Committee				Name of Treasurer					
Address				Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>				Amount of Contribution	
City		State	Zip Code	Date Received		Aggregate Contributions			

### C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer				
Address				City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution				Amount of Receipt		
Description								

Name of Committee				Name of Treasurer				
Address				City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution				Amount of Receipt		
Description								

<b>SUBTOTAL Section C — This Page</b>							
<b>TOTAL of additional Section C Pages</b>							
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						<span style="font-size: 1.5em; color: blue;">0</span>	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <b>Committee for a United RTC</b>	TYPE OF REPORT <b>7 Days Before Primary</b>
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## D. Loans Received this Period

Name of Lender	Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	Date of Receipt
Street Address	City	State
		Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Amount Received
Street Address	City	State
		Zip Code
Name of Lender	Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	Date of Receipt
Street Address	City	State
		Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Amount Received
Street Address	City	State
		Zip Code
Name of Lender	Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	Date of Receipt
Street Address	City	State
		Zip Code
Name of Cosigner/Guarantor <i>(if applicable)</i>		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Amount Received
Street Address	City	State
		Zip Code

**TOTAL SECTION D**

0

## 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**

0

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT
Committee for A united RTC		7 DAY BEFORE PRIMARY
<b>F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)</b>		
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
<b>TOTAL SECTION F</b>		0

<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>		
Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		0

<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>		
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
<b>TOTAL SECTION H</b>		0

**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 <i>(Provide Complete Name as Registered with Filing Repository)</i> <b>Committee for A United RTC</b>	TYPE OF REPORT <b>7 Day Before Primary</b>
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## 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**

0

## 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**

0

## 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, Column A of Summary Page Totals)*

0



## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <b>Committee for A United RTC</b>			TYPE OF REPORT <b>7 Day before Primary</b>	
<b>L1. Event Information</b>				
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address		City	State	Zip Code
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence? <input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No				
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? <input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <span style="float: right;">→ \$ <input style="width: 100px;" type="text"/></span> <input type="checkbox"/> No				
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> No				
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <span style="float: right;">→ \$ <input style="width: 100px;" type="text"/></span> <input type="checkbox"/> No				
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address		City	State	Zip Code
<b>Subpart 1: (All Committees)</b>				
Was this event hosted at a personal residence? <input type="checkbox"/> Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No				
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? <input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <span style="float: right;">→ \$ <input style="width: 100px;" type="text"/></span> <input type="checkbox"/> No				
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input type="checkbox"/> No				
<b>Subpart 3: (Town Committees ONLY)</b>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <span style="float: right;">→ \$ <input style="width: 100px;" type="text"/></span> <input type="checkbox"/> No				
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>				
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>				
<b>TOTAL of additional Section L1 Pages</b>				
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			<b>0</b>	

## 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*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
<i>Committee for A united RTC</i>	<i>7 Day Before Primary</i>

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

Name of Purchaser		Purchase Made By:	
		<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	

Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By:	
		<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	

Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By:	
		<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	

Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By:	
		<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	

Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser		Purchase Made By:	
		<input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	

Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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**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, Column A of Summary Page Totals)*

0

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <b>Committee for a United RTC</b>	TYPE OF REPORT <b>7 Days Before Primary</b>
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### L4. In-Kind Donations Not Considered Contributions

Name of Donor			
---------------	--	--	--

Street Address	City	State	Zip Code
----------------	------	-------	----------

Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation	<b>Fair Market Value of Donation</b>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>		Date Received	Event #	Aggregate Value for this Event	
Date Received	Event #	Aggregate Value for this Event			

Name of Donor			
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Street Address	City	State	Zip Code
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Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation	<b>Fair Market Value of Donation</b>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>		Date Received	Event #	Aggregate Value for this Event	
Date Received	Event #	Aggregate Value for this Event			

Name of Donor			
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Street Address	City	State	Zip Code
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Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation	<b>Fair Market Value of Donation</b>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate Value for this Event</td> </tr> </table>		Date Received	Event #	Aggregate Value for this Event	
Date Received	Event #	Aggregate Value for this Event			

Name of Donor			
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Street Address	City	State	Zip Code
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Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation	<b>Fair Market Value of Donation</b>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Date Received</td> <td style="width: 25%; padding: 5px;">Event #</td> <td style="width: 50%; padding: 5px;">Aggregate value for this Event</td> </tr> </table>		Date Received	Event #	Aggregate value for this Event	
Date Received	Event #	Aggregate value for this Event			

<b>SUBTOTAL Section L4 — This Page</b>	
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<b>TOTAL of additional Section L4 Pages</b>	
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<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>	0
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## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Committee for A United RTC			7 Days before Primary	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City	State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City	State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City	State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address			City	State    Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host candidate		
<b>SUBTOTAL Section L5 — This Page</b>				
<b>TOTAL of additional Section L5 Pages</b>				
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			0	



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

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> <u>Committee for A United RTC</u>	<b>TYPE OF REPORT</b> <u>7 Days Before Primary</u>
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#### M. In-Kind Contributions

<b>Name</b>			
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Type of contributor:</b> <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	<b>Date Received</b>	<b>Aggregate Contributions</b>	<b>Description of In-Kind Contribution</b>
<b>Is contributor a lobbyist, spouse, or dependent child of a lobbyist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>
<b>Is this contribution associated with an event reported in Section L1?</b> <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is contributor a principal of a state contractor or prospective state contractor?</b> <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name</b>			
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Type of contributor:</b> <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	<b>Date Received</b>	<b>Aggregate Contributions</b>	<b>Description of In-Kind Contribution</b>
<b>Is contributor a lobbyist, spouse, or dependent child of a lobbyist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>
<b>Is this contribution associated with an event reported in Section L1?</b> <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is contributor a principal of a state contractor or prospective state contractor?</b> <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name</b>			
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Type of contributor:</b> <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	<b>Date Received</b>	<b>Aggregate Contributions</b>	<b>Description of In-Kind Contribution</b>
<b>Is contributor a lobbyist, spouse, or dependent child of a lobbyist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>
<b>Is this contribution associated with an event reported in Section L1?</b> <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is contributor a principal of a state contractor or prospective state contractor?</b> <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Name</b>			
<b>Street Address</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Type of contributor:</b> <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	<b>Date Received</b>	<b>Aggregate Contributions</b>	<b>Description of In-Kind Contribution</b>
<b>Is contributor a lobbyist, spouse, or dependent child of a lobbyist?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Fair Market Value of this Contribution</b>
<b>Is this contribution associated with an event reported in Section L1?</b> <i>If yes, list Event # _____</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is contributor a principal of a state contractor or prospective state contractor?</b> <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SUBTOTAL Section M — This Page**

**TOTAL of additional Section M Pages**

**TOTAL OF ALL IN-KIND CONTRIBUTIONS** *(Enter total on Line 23, Column A of Summary Page Totals)* 0

#### N. Refundable Deposit to Telephone Company

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

**TOTAL SECTION N** *(Enter total on Line 24, Column A of Summary Page Totals)* 0

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Committee for A United RTC		7 Day before Primary	
<b>P. Expenses Paid by Committee</b>			
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
<b>SUBTOTAL Section P — This Page</b>			
<b>TOTAL of additional Section P Pages</b>			
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			See Attached

Committee for a United RTC  
Expenses

<u>Number</u>	<u>Payee</u>	<u>Date</u>	<u>Method</u>	<u>Street Address</u>	<u>Town</u>	<u>State</u>	<u>Zip</u>	<u>Purpose</u>	<u>Description</u>	<u>Event #</u>	<u>Exp. #</u>	<u>Type</u>	<u>Amount</u>
	Anedot	2/16/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		14		10.30
	Anedot	2/16/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		15		20.30
	Anedot	2/17/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		16		20.30
	Anedot	2/20/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		17		40.30
	Anedot	2/21/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		18		6.30
	Anedot	2/21/2023	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		19		20.30
	Anedot	2/22/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		20		10.30
	Spectrum	2/22/2024	Debit	95 Eddy Road Suite 101	Manchester	NH	03102	mail	Mailer		21		3,307.00
	Anedot	2/23/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		22		4.30
	Anedot	2/23/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		23		4.30
	Anedot	2/23/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		24		4.30
	Anedot	2/23/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		25		10.30
	Anedot	2/23/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		26		4.30
	Anedot	2/24/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		27		10.30
	Anedot	2/24/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		28		20.30
	Anedot	2/24/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		29		4.30
	Anedot	2/24/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		30		4.30
	Anedot	2/24/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		31		2.30
	Anedot	2/24/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		32		4.30
	Anedot	2/25/2024	Debit	1920 McKinney Ave 7th Fl	Dallas	TX	75201	bank	Credit card fee		33		10.30
Total @ 2-25-24												3,508.40	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <b>Committee for A united RTC</b>	TYPE OF REPORT <b>70 Days Before Primary</b>
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**Q. Campaign Expenses Paid by Candidate**

Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	

<b>SUBTOTAL Section Q — This Page</b>	
<b>TOTAL of additional Section Q Pages</b>	
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>	<b>0</b>



### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <b>Committee for A United Rtc</b>			TYPE OF REPORT <b>7 Day before Primary</b>	
<b>R. Expenses Incurred on Committee Credit Card</b>				
Name of Issuing Institution		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:		
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section R — This Page</b>				
<b>TOTAL of additional Section R Pages</b>				
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>			<b>0</b>	

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Committee for A united RTL				7 day Before Primary	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
<b>SUBTOTAL Section S-This Page</b>					
<b>TOTAL of additional Section S Pages</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b>					
(Enter total on Line 28, Column A of Summary Page Totals)					
<b>Previously reported Expenses Unpaid and still Outstanding</b>					
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b>					
(Enter total on Line 28a, Column A of Summary Page Totals)				0	

### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Committee for A United RTC				7 Day Before Primary			
<b>T. Itemization of Reimbursements and Secondary Payees</b>							
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
				<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
				<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
				<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
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Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>		
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Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity		
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				<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)						
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
<b>SUBTOTAL Section T — This Page</b>							
<b>TOTAL of additional Section T Pages</b>							
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>				0			