



Electronic Filing

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**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
<b>Mckinney For Governor</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First <b>Thomas</b>		MI <b>M.</b>	Last <b>Flynn</b>			Suffix	
4. TREASURER ADDRESS							
Street Address <b>87 Coral Rd</b>			City <b>Fairfield</b>		State <b>CT</b>	Zip Code <b>06824</b>	
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)				7. DISTRICT NUMBER (if applicable)	
<b>11/04/2014</b>		<b>Governor</b>					
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First <b>John</b>		MI <b>P.</b>	Last <b>McKinney</b>			Suffix	
9. TYPE OF REPORT							
<b>Final Weekly Supplemental Filing Primary - Original</b>							
10. PERIOD COVERED							
		Beginning Date				Ending Date	
		<b>07/30/2014</b>		thru		<b>08/05/2014</b>	
11. CERTIFICATION							
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.							
<b>Electronic Filing</b>		<b>Thomas Flynn</b>			<b>08/07/2014 3:01:48PM</b>		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.							

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	
<b>Mckinney For Governor</b>	Final Weekly Supplemental Filing Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$471,316.35</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$210,776.11</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$1,361,722.81</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$0.00</b>	<b>\$1,572,498.92</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$471,316.35</b>	<b>\$1,572,498.92</b>
20. Expenses Paid by Committee (Section N)	<b>\$328,221.36</b>	<b>\$1,429,403.93</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$143,094.99</b>	<b>\$143,094.99</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$2,388.16</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M) OPTIONAL	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$124,440.91</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$5,522.40</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$26,372.12</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$29,872.12</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mckinney For Governor		Final Weekly Supplemental Filing Primary - Original	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>			For Nonparticipating Candidates ONLY
<b>B. Itemized Contributions from Individuals</b>			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
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                      Legislative			Yes      No		Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If yes, list Event #			Yes      No		
Is this contribution associated with a fundraising event listed in Section J1?	Yes No	Method of contribution: Cash                      Personal Check Money Order              Credit/Debit Card		Date Received	Aggregate Contributions

<b>Total of Section B</b>				
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B)                      (Total on Line 14 of Summary Page)				

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mckinney For Governor		Final Weekly Supplemental Filing Primary - Original	
<b>C1. Contributions from Other Committees</b>			
Name of Committee		Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	
Yes      No		Amount of Contribution	
City	State	Zip Code	Date Received
			Aggregate Contributions
<b>Total of Section C1</b>			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Mckinney For Governor				Final Weekly Supplemental Filing Primary - Original	
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services		
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Mckinney For Governor				Final Weekly Supplemental Filing Primary - Original	
<b>D. Loans Received this Period</b>					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					
Street Address		City	State	Zip Code	<b>Amount Received</b>
<b>Total of Section D</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Mckinney For Governor				Final Weekly Supplemental Filing Primary - Original	
<b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
<b>Total of Section E</b>					

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE		TYPE OF REPORT	
Mckinney For Governor		Final Weekly Supplemental Filing Primary - Original	
<b>G. Interest from Deposits in Authorized Accounts</b>			
Name of Institution		Date Received	Amount
Street Address	City	State	Zip Code
<b>Total of Section G</b>			

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE		TYPE OF REPORT	
Mckinney For Governor		Final Weekly Supplemental Filing Primary - Original	
<b>H. Public Grant Funds Received from the Citizens' Election Fund</b>			
Purpose of Grant:	Grant Cycle:		Date Received
Initial                      Grant Adjustment Supplemental/Post Election Deficit	Primary                      General Election                      Special Election		Amount
<b>Total of Section H</b>			

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE		TYPE OF REPORT	
Mckinney For Governor		Final Weekly Supplemental Filing Primary - Original	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>			
Name		Date of Transaction	Amount Received
Street Address	City	State	Zip Code
Description			
<b>Total of Section I</b>			

**II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

NAME OF COMMITTEE		TYPE OF REPORT		
Mckinney For Governor		Final Weekly Supplemental Filing Primary - Original		
<b>J1. Fundraising Event Information</b>				
Fundraising Event # Date of Fundraiser	Letter	Description		
Location: Street Address		City	State	Zip Code
Was this fundraising event hosted at a personal residence?		Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.	
		No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
		No		
<b>Subpart 1:</b> Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)	
		No		
<b>Total of Section J1</b>				

**II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT		
Mckinney For Governor		Final Weekly Supplemental Filing Primary - Original		
<b>J3. In-Kind Donations Not Considered Contributions</b>				
Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual	Date Received	Event #	Aggregate value for this event	
Business Entity				
Sole Proprietorship				
<b>Total of Section J3</b>				

**III. NONMONETARY RECEIPTS (Sections K - M)**

NAME OF COMMITTEE	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original

**K. In-Kind Contributions**

Name			
Street Address		City	State   Zip Code
Is this contribution associated with a fundraising event listed in Section I1? If yes, list Event#	Yes No	Description of In-Kind Contribution	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes 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: Executive   Legislative	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual   Committee   Sole Proprietorship			

**Total of Section K****III. Non Monetary Receipts (Sections K - M)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original

**L. Refundable Deposit to Telephone Company**

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

**Total of Section L**

**III. NONMONETARY RECEIPTS (Sections K - M)**

NAME OF COMMITTEE	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original

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

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure A      B      C      D		

**Total of Section M**

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Premier Graphics		Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1175</u> <input type="checkbox"/> Debit Card	
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615
Purpose of Expend A-DM	Description mailing		Amount  \$2,350.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Erika Pocock		Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1176</u> <input type="checkbox"/> Debit Card	
Street Address 2000 Post Rd		City Fairfield	State CT	Zip Code 06824
Purpose of Expend OFFICE	Description Copies		Amount  \$62.75	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee CohnReznick LLP		Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1177</u> <input type="checkbox"/> Debit Card	
Street Address 76 Batterson Park Rd		City Farmington	State CT	Zip Code 06032
Purpose of Expend CNSLT	Description Bookkeeping		Amount  \$3,000.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee United Illuminating Compa	Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1179</u> <input type="checkbox"/> Debit Card
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Street Address PO Box 9230	City Chelsea	State MA	Zip Code
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Purpose of Expend OVHD	Description Electric Bill	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$639.96

Name of Payee Jamestown Associates	Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1180</u> <input type="checkbox"/> Debit Card
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Street Address 5 Mapletin Rd Sutie 300	City Princeton	State NJ	Zip Code 08540
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Purpose of Expend A-DM	Description Direct mail	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$30,000.00

Name of Payee Jamestown Associates	Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1181</u> <input type="checkbox"/> Debit Card
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Street Address 5 Mapletin Rd Sutie 300	City Princeton	State NJ	Zip Code 08540
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Purpose of Expend A-TV	Description Production	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$61,786.16

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Jamestown Associates		Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1184</u> <input type="checkbox"/> Debit Card	
Street Address 5 Mapletin Rd Sutie 300		City Princeton	State NJ	Zip Code 08540
Purpose of Expend A-TV	Description Advertising		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200,221.00
Name of Payee Optimum		Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1178</u> <input type="checkbox"/> Debit Card	
Street Address 1111 Stewart Avneue		City Bethpage	State NY	Zip Code 11714-3581
Purpose of Expend OVHD	Description Cable		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$352.59
Name of Payee Gary Defilippo		Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1183</u> <input type="checkbox"/> Debit Card	
Street Address 2000 Post Rd		City Fairfield	State CT	Zip Code 06825
Purpose of Expend OVHD	Description HQ		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$447.26

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Victory Store		Date of Payment 08/01/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 5200 SW 30th St		City Davenport	State IA	Zip Code 52802
Purpose of Expend A-OTH	Description Stickers-Magnets		Amount  \$703.11	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee Bank of America		Date of Payment 08/01/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address Black Rock Turnpike		City Fairfield	State CT	Zip Code 06824
Purpose of Expend BNK	Description Checks		Amount  \$49.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee Big Daddy Signs		Date of Payment 08/01/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1319 Green Forest Ct		City Winter Garden	State FL	Zip Code 34787
Purpose of Expend A-SIGN	Description Signs		Amount  \$4,819.29	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Jodi Latina	Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1186</u> <input type="checkbox"/> Debit Card
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Street Address 2000 Post Rd	City Fairfield	State CT	Zip Code 06824
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Purpose of Expend CNSLT	Description Consultant	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$16,250.00

Name of Payee Erika Pocock	Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1187</u> <input type="checkbox"/> Debit Card
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Street Address 2000 Post Rd	City Fairfield	State CT	Zip Code 06824
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Purpose of Expend CNSLT	Description Consultant	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$3,000.00

Name of Payee Erika Pocock	Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1188</u> <input type="checkbox"/> Debit Card
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Street Address 2000 Post Rd	City Fairfield	State CT	Zip Code 06824
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Purpose of Expend POST	Description Postage	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$28.04

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Gary Defilippo	Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1185</u> <input type="checkbox"/> Debit Card
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Street Address 2000 Post Rd	City Fairfield	State CT	Zip Code 06825
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Purpose of Expend CNSLT	Description Consultant	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$4,000.00

Name of Payee Telematch Inc	Date of Payment 08/01/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
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Street Address 6883 Commercial Dr	City Springfield	State VA	Zip Code 22159-0310
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Purpose of Expend A-PH-BNK	Description Phone Match	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)
	Event #	\$512.20

<b>Total of Section N</b>		<b>\$328,221.36</b>
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IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT
					Final Weekly Supplemental Filing Primary - Original
O. Expenses Paid By Candidate					
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed? Yes                      No
Street Address		City	State	Zip Code	<b>Amount</b>
Purpose of Expenditure (by code)	Description		Event #		
<b>Total of Section O</b>					

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT
Mckinney For Governor					Final Weekly Supplemental Filing Primary - Original
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa            Master Card            Discover            American Express Other		
Name of Vendor				Date of Transaction	
Street Address		City	State	Zip Code	
Purpose of Expenditure (by code)	Description				<b>Amount</b>
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum					
<b>Total of Section P</b>					

#### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original

#### Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Shelly Sindland Media & Photography		Date Incurred 08/01/2014	
Street Address 44 Mayflower St		City West Hartford	State CT
Zip Code			
Purpose of Expenditure (bv code)  A-OTH	Description  Photos	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$1,010.33

Name of Creditor Steady Photography		Date Incurred 08/01/2014	
Street Address 804 E Main St		City Branford	State CT
Zip Code		06405	
Purpose of Expenditure (bv code)  A-OTH	Description  Photos	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$187.50











**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original

**Q. Expenses Incurred By Committee but Not Paid During this Period**

Name of Creditor Big Daddy Signs		Date Incurred 08/05/2014	
Street Address 1319 Green Forest Ct	City Winter Garden	State FL	Zip Code 34787
Purpose of Expenditure (bv code) A-SIGN	Description Signs	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$1,112.29

**Total of Section Q****\$26,372.12**

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Pocock	First Erica	MI	Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1176 <input type="checkbox"/> Debit Card
Secondary Payee FedEx office				
Street Address 1427 Post Rd		City Fairfield		State CT
				Zip Code 06824
Purpose of Expenditure (by code) OFFICE	Description Copies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$62.75

Last Name of Worker/Consultant DeFlippo	First Gary	MI	Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1182 <input type="checkbox"/> Debit Card
Secondary Payee DJDD Electric LLC				
Street Address 412 Hilltop Rd		City Orange		State CT
				Zip Code
Purpose of Expenditure (by code) OVHD	Description Electrician			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$300.00

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant DeFlippo	First Gary	MI	Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1182 <input type="checkbox"/> Debit Card
Secondary Payee Abbey Tent & Party Rentals				
Street Address 158 Commerce Dr		City Fairfield		State CT
				Zip Code 06825
Purpose of Expenditure (by code) OVHD	Description Chairs			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$59.56

Last Name of Worker/Consultant DeFilippo	First Gary	MI	Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1182 <input type="checkbox"/> Debit Card
Secondary Payee Nauti Dolphin				
Street Address 1 Carter Henry Dr		City Fairfield		State CT
				Zip Code 06824
Purpose of Expenditure (by code) Misc *	Description Food			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$87.70

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant Pocock	First Erika	MI	Date of Payment 08/01/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1188 <input type="checkbox"/> Debit Card
Secondary Payee US Post Office				
Street Address		City Southport	State CT	Zip Code 06890-9998
Purpose of Expenditure (by code) POST	Description Stamps			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$28.04
<b>Total of Section R</b>				<b>\$538.05</b>

**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mckinney For Governor	Final Weekly Supplemental Filing Primary - Original

**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
<b>Total of Section S</b>				

