



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Re-Elect B. McGee			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Ayesha	MI	Last Clarke		Suffix	
4. TREASURER ADDRESS					
Street Address 192 Palm St	City Hartford		State CT	Zip Code 06112	
5. ELECTION DATE		6. OFFICE SOUGHT ( Complete only if Candidate Committee)		7. DISTRICT NUMBER ( if applicable)	
11/06/2018		State Representative		R005	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Brandon	MI L	Last McGee		Suffix Jr	
9. TYPE OF REPORT					
30 Days Following Primary - Original					
10. PERIOD COVERED					
		Beginning Date		Ending Date	
		08/08/2018	thru	08/31/2018	
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.					
Electronic Filing		Ayesha Clarke		09/13/2018 10:30:23PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Re-Elect B. McGee</b>	30 Days Following 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>\$24,508.86</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$5,950.00</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>\$28,150.03</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>\$34,100.03</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$24,508.86</b>	<b>\$34,100.03</b>
20. Expenses Paid by Committee (Section N)	<b>\$17,000.48</b>	<b>\$26,591.65</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$7,508.38</b>	<b>\$7,508.38</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$0.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<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>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Re-Elect B. McGee		30 Days Following 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:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes      No Executive      Legislative			Yes      No		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
If yes, list Event #	No	Cash	Personal Check		
		Money Order	Credit/Debit Card		

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Re-Elect B. McGee				30 Days Following Primary - Original	
<b>C1. Contributions from Other Committees</b>					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1?		Amount of Contribution
If yes, list Event #			Yes      No		
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	
Re-Elect B. McGee				30 Days Following Primary - Original	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
<b>Total of Section C2</b>					

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

NAME OF COMMITTEE				TYPE OF REPORT	
Re-Elect B. McGee				30 Days Following 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
Re-Elect B. McGee	30 Days Following Primary - Original

**E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)**

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
Re-Elect B. McGee	30 Days Following Primary - Original

**G. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount
Street Address	City	State      Zip Code
<b>Total of Section G</b>		

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

NAME OF COMMITTEE	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original

**H. Public Grant Funds Received from the Citizens' Election Fund**

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial                      Grant Adjustment Supplemental/Post Election Deficit	Primary                      General Election                      Special Election		
<b>Total of Section H</b>			

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

NAME OF COMMITTEE	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original

**I. Miscellaneous Monetary Receipts not Considered Contributions**

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

**Total of Section I****II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original

**J1. Event Information**

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No
Location: Street Address	City	State	Zip Code
Was this event hosted at a personal residence?	Yes	if yes, go to Section J4 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.	
	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		

**Total of Section J1**

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original

**J3. In-Kind Donations Not Considered Contributions**

Name of the Donor			
Street Address		City	State   Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Individual			
Business Entity	Date Received	Event #	Aggregate value for this event
Sole Proprietorship			

**Total of Section J3****II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original

**J4. In-Kind Donations Not Considered Contributions Associated with a House Party**

Name of Host	Is this event supporting more than one candidate?		
	Yes	No	If yes, complete Itemization in Addendum J4
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	

**Total of Section J4**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original

**K. In-Kind Contributions**

Name			
Street Address		City	State   Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
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:	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions
Individual      Committee      Sole Proprietorship			
		Executive	Legislative

**Total of Section K**

**III. Non Monetary Receipts (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following 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
Amount of Deposit			

**Total of Section L**



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Walmart		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Prospect Hill Rd		City East Windsor	State CT	Zip Code 06088
Purpose of Expend OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$68.58

Name of Payee Walmart		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 44 Prospect Hill Rd		City East Windsor	State CT	Zip Code 06088
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$52.73

Name of Payee Straight Talk Inc		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 9700 NW 112th Ave		City Miami	State FL	Zip Code 33178
Purpose of Expend Misc *	Description Hot spot minutes			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$75.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Red Rock Tavern		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 369 Capitol Ave		City Hartford	State CT	Zip Code 06106
Purpose of Expend FOOD	Description Lunch for 8/14 Volunteers			Amount  \$432.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Red Rock Tavern		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 369 Capitol Ave		City Hartford	State CT	Zip Code 06106
Purpose of Expend FOOD	Description			Amount  \$235.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee TD Bank		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 1377		City Lewiston	State MA	Zip Code 04243
Purpose of Expend BNK	Description Checks			Amount  \$31.95
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Andrena Holiday		Date of Payment 08/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>329311</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Greenbrier Dr		City Bloomfield	State CT	Zip Code
Purpose of Expend FOOD	Description D & L Catering			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$400.00

Name of Payee Dunkin Donuts		Date of Payment 08/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 129 Weston St		City Hartford	State CT	Zip Code 06120
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$35.73

Name of Payee Kent Pizza		Date of Payment 08/11/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 211 Garden St		City Hartford	State CT	Zip Code 06105
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$85.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Dunkin Donuts		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 129 Weston St		City Hartford	State CT	Zip Code 06120
Purpose of Expend FOOD	Description			Amount  \$154.81
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)	

Name of Payee Dunkin Donuts		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 129 Weston St		City Hartford	State CT	Zip Code 06120
Purpose of Expend FOOD	Description			Amount  \$154.81
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)	

Name of Payee Wilson Citgo		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Windsor Ave		City Windsor	State CT	Zip Code
Purpose of Expend Misc *	Description Gas Card			Amount  \$125.00
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)	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Wilson Citgo		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Windsor Ave		City Windsor	State CT	Zip Code
Purpose of Expend Misc *	Description Gas			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$32.70

Name of Payee Wilson Citgo		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Windsor Ave		City Windsor	State CT	Zip Code
Purpose of Expend Misc *	Description Gas			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$27.53

Name of Payee Karobean Kitchen		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340020</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2790 Main St		City Hartford	State CT	Zip Code
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$350.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Sign Design and Banner LLC		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1325 Main St		City Hartford	State CT	Zip Code 06103
Purpose of Expend Misc *	Description Garment Shirts and Banner			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$606.00

Name of Payee Georgette Cicero		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340015</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Carriage Dr		City Enfield	State CT	Zip Code
Purpose of Expend WAGE	Description Field Director/Office Manager			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,000.00

Name of Payee Southern New England		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Weston St		City Hartford	State CT	Zip Code 06120
Purpose of Expend EFV *	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$236.63

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Southern New England		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 4 Weston St		City Hartford	State CT	Zip Code 06120
Purpose of Expend EFV *	Description vehicles			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 #
				\$237.68

Name of Payee Wilson Citgo		Date of Payment 08/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 17 Windsor Ave		City Windsor	State CT	Zip Code
Purpose of Expend Misc *	Description gas card			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 #
				\$100.00

Name of Payee Annette Hill		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340030</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12 Magnolia St		City Hartford	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker			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 #
				\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Aaron Strudwick		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340033</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 38 Stacey Dr		City Windsor	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$75.00

Name of Payee Andrew Strudwick		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 38 Stacey Dr		City Windsor	State CT	Zip Code 06095
Purpose of Expend Misc *	Description Election Day Worker			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$75.00

Name of Payee Jonathan Jones		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 49 Kibbe St		City Hartford	State CT	Zip Code 06106
Purpose of Expend Misc *	Description Election Day Worker			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Andrea Hill		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340010</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45C Tower Ave		City Hartford	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00

Name of Payee Awet Tsegai		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340013</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Home Ter		City East Hartford	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$75.00

Name of Payee Connie Betts		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340011</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Graffton St		City Hartford	State CT	Zip Code 06106
Purpose of Expend Misc *	Description Election Day Worker			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Kayla Betts		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340012</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 168 Dart St		City Hartford	State CT	Zip Code 06106
Purpose of Expend Misc *	Description Election Day Worker			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 #
				\$50.00

Name of Payee Alyssa Stewart		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340031</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 191 Palm St		City Hartford	State CT	Zip Code 06112
Purpose of Expend Misc *	Description Election Day Worker			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 #
				\$50.00

Name of Payee Amir Johnson		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340008</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 100 Hartland		City Hartford	State CT	Zip Code 06112
Purpose of Expend Misc *	Description Election Day Worker			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 #
				\$75.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Aurthur Adgers		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340035</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 136 Greenfield St		City Hartford	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker			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 #
				\$100.00

Name of Payee Joy Powell		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340032</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 355 Sigourney St		City Hartford	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker			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 #
				\$100.00

Name of Payee Theresa Perry		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340029</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 65 Summer St		City Hartford	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker			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 #
				\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Frank James		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340028</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Taylor Dr		City Hartford	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker		Amount  \$100.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee Marcus Cicero		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340007</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Carriage Dr		City Enfield	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker		Amount  \$100.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

Name of Payee Stratton Leggett		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340026</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 May St		City Hartford	State CT	Zip Code 06105
Purpose of Expend Misc *	Description Election Day Worker		Amount  \$100.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input 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
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Kelly Kirley Bey	Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340016</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Ashley St	City Hartford	State CT	Zip Code
Purpose of Expend CNSLT	Description		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 #
			\$500.00

Name of Payee Kelly Kirley Bey	Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340014</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Ashley St	City Hartford	State CT	Zip Code
Purpose of Expend RMB	Description Office Supplies		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 #
			\$189.24

Name of Payee Michael Ritchens	Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340006</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 252 Silver Ln	City East Hartford	State CT	Zip Code 06118
Purpose of Expend Misc *	Description Election Day Worker		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 #
			\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Migdalia Cruz		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>329308</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 High St Apt 508		City East Hartford	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker			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 #
				\$100.00

Name of Payee Iris Acosta		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>329310</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 226 Campfield Ave		City Hartford	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker			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 #
				\$100.00

Name of Payee Carmen Ramos		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340021</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 226 Campfield Ave		City Hartford	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker			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 #
				\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original

#### N. Expenses Paid By Committee

Name of Payee Cylus Williams		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340019</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1101 Blue Hills Ave		City Bloomfield	State CT	Zip Code 06106
Purpose of Expend Misc *	Description Election Day Worker			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$75.00
Name of Payee Bree'ana Johnson		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>329306</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Warren St		City Hartford	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00
Name of Payee Straight Talk Inc		Date of Payment 08/15/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 9700 NW 112th Ave		City Miami	State FL	Zip Code 33178
Purpose of Expend OFFICE	Description Minutes for Phones			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original

#### N. Expenses Paid By Committee

Name of Payee Straight Talk Inc		Date of Payment 08/16/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 9700 NW 112th Ave		City Miami	State FL	Zip Code 33178
Purpose of Expend OFFICE	Description Minutes for Phone			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$75.00
Name of Payee CCM & Co		Date of Payment 08/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340022</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1022 Boulevard # 329		City West Hartford	State CT	Zip Code 06119
Purpose of Expend A-SIGN	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$9,126.14
Name of Payee Emanuel Augustine		Date of Payment 08/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>340012</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1536 Broad St		City Hartford	State CT	Zip Code
Purpose of Expend Misc *	Description Election Day Worker			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Red Rock Tavern	Date of Payment 08/23/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 369 Capitol Ave	City Hartford	State CT	Zip Code 06106
Purpose of Expend FOOD	Description	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 #
			\$560.00

Name of Payee TD Bank	Date of Payment 08/24/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 1377	City Lewiston	State MA	Zip Code 04243
Purpose of Expend BNK	Description Checks	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 #
			\$31.95

Name of Payee TD Bank	Date of Payment 08/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 1377	City Lewiston	State MA	Zip Code 04243
Purpose of Expend BNK	Description	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 #
			\$2.00

**Total of Section N****\$17,000.48**

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT
					30 Days Following 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
Re-Elect B. McGee					30 Days Following 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				Amount
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
Re-Elect B. McGee	30 Days Following Primary - Original

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

Name of Creditor		Date Incurred	
Street Address	City	State	Zip Code
Purpose of Expenditure (bv code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes  No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			

<b>Total of Section Q</b>	
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### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following Primary - Original

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Kirkly-Bey	Kelly		08/10/2018	<input checked="" type="checkbox"/> Check # 340014 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Walmart

Street Address of Vendor	City	State	Zip Code
495 Flatbush Ave	Hartford	CT	06112

Purpose of Expenditure (by code)	Description
OFFICE	

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 #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$83.72

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Kirkly-Bey	Kelly		08/10/2018	<input checked="" type="checkbox"/> Check # 340014 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
BJ's

Street Address of Vendor	City	State	Zip Code
507 New Park Ave	West Hartford	CT	

Purpose of Expenditure (by code)	Description
OFFICE	

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 #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$105.52

<b>Total of Section R</b>	<b>\$189.24</b>
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### IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-Elect B. McGee	30 Days Following 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>				

### Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

### J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

<b>Event #</b>	
Name of Candidate	

### Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

### N. Expenses Paid By Committee - Addendum

Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section P. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>P. Expenses Incurred on Committee Credit Card - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section Q. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section R. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>R. Itemization of Reimbursements and Secondary Payees - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought