



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
<b>Mark for Comptroller</b>			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>J Kenneth</b>	MI	Last <b>Nowell</b>		Suffix	
4. TREASURER ADDRESS					
Street Address <b>97 Hickory Rd</b>	City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>		
5. ELECTION DATE <b>11/06/2018</b>	6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>State Comptroller</b>			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Mark</b>	MI <b>D</b>	Last <b>Greenberg</b>		Suffix	
9. TYPE OF REPORT					
<b>30 Days Following Primary - Original</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>08/08/2018</b>		thru		<b>08/31/2018</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>J Kenneth Nowell</b>	<b>09/12/2018 12:55:58PM</b>			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<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>					

**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>Mark for Comptroller</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>\$2,389.89</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$32,925.00</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>\$18,000.00</b>	<b>\$94,061.00</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>\$18,000.00</b>	<b>\$126,986.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$20,389.89</b>	<b>\$126,986.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$19,431.93</b>	<b>\$126,028.04</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$957.96</b>	<b>\$957.96</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>\$22,355.07</b>	<b>\$60,348.82</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>\$28,662.54</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$120,656.47</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		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	
Mark for Comptroller				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
			Yes      No If yes, list Event #		
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	
Mark for Comptroller				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	
Mark for Comptroller				30 Days Following Primary - Original	
<b>D. Loans Received this Period</b>					
Name of Lender		Source of Loan: Bank      Candidate      Individual      Other			Date of Receipt
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes      No
Name of Cosigner/Guarantor (if applicable)					<b>Amount Received</b>
Street Address		City	State	Zip Code	
<b>Total of Section D</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Mark for Comptroller	30 Days Following Primary - Original

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

Date of Receipt	Method of Payment	Amount
08/24/2018	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$12,000.00
Date of Receipt	Method of Payment	Amount
08/28/2018	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$6,000.00
<b>Total of Section E</b>		<b>\$18,000.00</b>

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

NAME OF COMMITTEE	TYPE OF REPORT
Mark for Comptroller	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
Mark for Comptroller	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		
Mark for Comptroller		30 Days Following 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. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		30 Days Following Primary - Original	
<b>J1. Event Information</b>			
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		
<b>Total of Section J1</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	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:  Individual  Business Entity  Sole Proprietorship	Description of Donation			Fair Market Value of Donation	
	Date Received	Event #	Aggregate value for this event		

**Total of Section J3**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	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
Mark for Comptroller	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? 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 - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	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

**Total of Section L**



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

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

Name of Payee WZBG Radio		Date of Payment 08/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1070</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 49 Commons Dr PO Box1497		City Litchfield	State CT	Zip Code 06759
Purpose of Expend A-RAD	Description Advertising radio			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 #
				\$580.00

Name of Payee WINY Radio		Date of Payment 08/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1071</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Pomfret St		City Putnam	State CT	Zip Code 06260
Purpose of Expend A-RAD	Description Advertising radio			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 #
				\$240.00

Name of Payee WLIS/WMRD		Date of Payment 08/08/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1072</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 1150 777 River Road		City Middletown	State CT	Zip Code 06457
Purpose of Expend A-RAD	Description Advertising radio			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 #
				\$253.00

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

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

Name of Payee Katnip Marketing, LLC		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1075</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Rockyfield Rd		City Westport	State CT	Zip Code 06880
Purpose of Expend A-OTH	Description Advertising Production and delivery			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 #
				\$5,965.35

Name of Payee Universal Printing & Mailing Services Inc		Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1076</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 75 Ardmore St		City Fairfield	State CT	Zip Code 06824
Purpose of Expend A-DM	Description Advertising printing and 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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$424.87

Name of Payee Ben Mallet		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1077</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Lynwood Pl		City New Haven	State CT	Zip Code 06511
Purpose of Expend OFFICE	Description Reimburse for 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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$70.45

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

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

Name of Payee Ben Mallet		Date of Payment 08/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1077</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Lynwood Pl		City New Haven	State CT	Zip Code 06511
Purpose of Expend CNSLT	Description consulting field support			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 #
				\$2,100.00

Name of Payee Elizabeth Wilson		Date of Payment 08/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1078</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Howe Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend CNSLT	Description consulting services			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 #
				\$500.00

Name of Payee Chris R. Dupont		Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1079</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 42 Birchwood Ln		City Goshen	State CT	Zip Code 06756
Purpose of Expend CNSLT	Description consulting services			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 #
				\$6,000.00

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

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

Name of Payee Alex Kamins		Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1081</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 E Chestnut Hill Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend CNSLT	Description consulting			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 #
				\$400.00

Name of Payee Alex Kamins		Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1081</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 E Chestnut Hill Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend FOOD	Description reimburse meals			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 #
				\$20.00

Name of Payee Caleb Kamins		Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1082</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 E Chestnut Hill Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend CNSLT	Description consulting services			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 #
				\$400.00

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

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

Name of Payee Caleb Kamins		Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1082</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 134 E Chestnut Hill Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend FOOD	Description reimburse meals			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 #
				\$34.95

Name of Payee Catherine Partrick		Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1083</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 190 W Street PO Box 906		City Litchfield	State CT	Zip Code 06759
Purpose of Expend CNSLT	Description consulting services			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 #
				\$100.00

Name of Payee Elizabeth Wilson		Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1084</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Howe Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend TRVL	Description mileage reimbursement			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 #
				\$1,644.81

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

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

Name of Payee Evan Grohs		Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1085</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 278 Buell Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend CNSLT	Description consulting services			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 #
				\$275.00

Name of Payee Thomas Wilson		Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1086</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Howe Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend CNSLT	Description consulting services			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 #
				\$315.00

Name of Payee Thomas Wilson		Date of Payment 08/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1086</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Howe Rd		City Litchfield	State CT	Zip Code 06759
Purpose of Expend FOOD	Description reimburse meals			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 #
				\$108.50

**Total of Section N****\$19,431.93**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	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?	
Facebook			08/08/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code		
1 Hacker Way		Menlo Park	CA	94025		
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>	
A-WEB	advertising facebook					
						\$30.19
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Facebook			08/08/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code		
1 Hacker Way		Menlo Park	CA	94025		
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>	
A-WEB	advertising facebook					
						\$712.08
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Facebook			08/08/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code		
1 Hacker Way		Menlo Park	CA	94025		
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>	
A-WEB	advertising facebook					
						\$37.92
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
NBC National Broadcasting			08/08/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code		
30 Rockefeller Plz		New York	NY	10001		
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>	
A-RAD	Advertising radio					
						\$4,462.50

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	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?	
Norwich Bulletin		08/08/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code	
10 Railroad Pl		Norwich	CT	06360	
Purpose of Expenditure (by code)	Description		Event #		
A-NEWS	advertising newspaper				
					Amount
					\$353.43
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
WGCH Radio Greenwich		08/08/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code	
PO Box 160		Hadlyme	CT	06439	
Purpose of Expenditure (by code)	Description		Event #		
A-RAD	advertising radio				
					Amount
					\$263.50
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/09/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code	
1 Hacker Way		Menlo Park	CA	94025	
Purpose of Expenditure (by code)	Description		Event #		
A-WEB	advertising facebook				
					Amount
					\$46.45
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/09/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code	
1 Hacker Way		Menlo Park	CA	94025	
Purpose of Expenditure (by code)	Description		Event #		
A-WEB	advertising facebook				
					Amount
					\$702.22



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	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?	
Facebook		08/09/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$47.78	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/09/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$682.03	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/09/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$600.00	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/10/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$728.76	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	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?	
Facebook		08/10/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$750.00	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/10/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$746.77	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/10/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$21.24	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/10/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$3.23	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	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?	
Google LLC		08/10/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City		State	Zip Code
1600 Amphitheatre Pkwy		Mountain View		CA	94043
Purpose of Expenditure (by code)		Description		Event #	
A-WEB		advertising google			
<b>Amount</b>					
\$350.00					
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Conquest Communications		08/10/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City		State	Zip Code
2812 Emerywood Pkwy Ste 103		Richmond		VA	23294
Purpose of Expenditure (by code)		Description		Event #	
A-WEB		advertising			
<b>Amount</b>					
\$3,000.00					
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/10/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City		State	Zip Code
1 Hacker Way		Menlo Park		CA	94025
Purpose of Expenditure (by code)		Description		Event #	
A-WEB		advertising facebook			
<b>Amount</b>					
\$67.97					
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/11/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City		State	Zip Code
1 Hacker Way		Menlo Park		CA	94025
Purpose of Expenditure (by code)		Description		Event #	
A-WEB		advertising facebook			
<b>Amount</b>					
\$750.00					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	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?	
Facebook		08/11/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$750.00	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/11/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$750.00	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/12/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$750.00	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/12/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$750.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	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?	
Facebook		08/12/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$750.00	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/12/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$750.00	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/13/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$750.00	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Facebook		08/13/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Hacker Way		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB		Description advertising facebook		Event #	
				<b>Amount</b>  \$749.37	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Mark for Comptroller					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?
Google LLC				08/13/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Street Address			City		State	Zip Code
1600 Amphitheatre Pkwy			Mountain View		CA	94043
Purpose of Expenditure (by code)	Description			Event #		Amount
A-WEB	advertising google					\$500.00
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?
Facebook				08/14/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Street Address			City		State	Zip Code
1 Hacker Way			Menlo Park		CA	94025
Purpose of Expenditure (by code)	Description			Event #		Amount
A-WEB	advertising facebook					\$750.00
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?
Facebook				08/14/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Street Address			City		State	Zip Code
1 Hacker Way			Menlo Park		CA	94025
Purpose of Expenditure (by code)	Description			Event #		Amount
A-WEB	advertising facebook					\$749.63
<b>Total of Section O</b>						<b>\$22,355.07</b>

<b>IV. EXPENDITURES (Sections N - S)</b>					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Mark for Comptroller				30 Days Following Primary - Original	
<b>P. Expenses Incurred on Committee Credit Card</b>					
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	
Mark for Comptroller		30 Days Following Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor J Kenneth Nowell		Date Incurred 08/08/2018	
Street Address 97 Hickory Rd		City Torrington	State      Zip Code CT              06790
Purpose of Expenditure (by code)  A-WEB	Description  Credit card-Facebook advertising		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  If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$719.81
Name of Creditor J Kenneth Nowell		Date Incurred 08/08/2018	
Street Address 97 Hickory Rd		City Torrington	State      Zip Code CT              06790
Purpose of Expenditure (by code)  A-TV	Description  Credit card charge-Altice Media		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  If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
			\$5,269.40



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Mark for Comptroller			30 Days Following Primary - Original	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>				
Name of Creditor J Kenneth Nowell			Date Incurred 08/09/2018	
Street Address 97 Hickory Rd		City Torrington	State CT	Zip Code 06790
Purpose of Expenditure (by code)  WEB	Description  Credit card-Web maintenance		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 #	\$20.00
If yes, assign an Expenditure # and completes Itemization in Addendum Q				
Name of Creditor Universal Printing & Mailing Services Inc			Date Incurred 08/09/2018	
Street Address 75 Ardmore St		City Fairfield	State CT	Zip Code 06824
Purpose of Expenditure (by code)  A-SIGN	Description  Signage		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 #	\$1,085.00
If yes, assign an Expenditure # and completes Itemization in Addendum Q				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		30 Days Following Primary - Original	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor Universal Printing & Mailing Services Inc		Date Incurred 08/09/2018	
Street Address 75 Ardmore St	City Fairfield	State CT	Zip Code 06824
Purpose of Expenditure (by code) A-DM	Description Production and distribution of mail piece	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 If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
		\$1,729.00	
Name of Creditor Katnip Marketing, LLC		Date Incurred 08/09/2018	
Street Address 15 Rockyfield Rd	City Westport	State CT	Zip Code 06880
Purpose of Expenditure (by code) CNSLT	Description Media advertising arrangement	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 If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
		\$88.80	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	30 Days Following Primary - Original
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>	

Name of Creditor J Kenneth Nowell			Date Incurred 08/13/2018		
Street Address 97 Hickory Rd		City Torrington		State CT	Zip Code 06790
Purpose of Expenditure (by code)  TRVL	Description  Credit card-lodging for field staff			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 If yes, assign an Expenditure # and completes Itemization in Addendum Q			Expenditure # (if applicable)	Event #	\$1,118.95

Name of Creditor J Kenneth Nowell			Date Incurred 08/16/2018		
Street Address 97 Hickory Rd		City Torrington		State CT	Zip Code 06790
Purpose of Expenditure (by code)  TRVL	Description  Credit card-Lodging for field staff			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 If yes, assign an Expenditure # and completes Itemization in Addendum Q			Expenditure # (if applicable)	Event #	\$464.70

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		30 Days Following Primary - Original	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor J Kenneth Nowell		Date Incurred 08/16/2018	
Street Address 97 Hickory Rd	City Torrington	State CT	Zip Code 06790
Purpose of Expenditure (by code)  A-WEB	Description  Credit card charge for Mailchimp ads		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			\$375.00
Name of Creditor WLIS/WMRD		Date Incurred 08/26/2018	
Street Address PO Box 1150 777 River Road	City Middletown	State CT	Zip Code 06457
Purpose of Expenditure (by code)  A-RAD	Description  Radio advertising 8/14		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			\$43.75

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		30 Days Following Primary - Original	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor Conquest Communications			Date Incurred 08/26/2018
Street Address 2812 Emerywood Pkwy Ste 103		City Richmond	State VA
		Zip Code 23294	
Purpose of Expenditure (by code)  A-PH-BNK	Description  Phone bank services		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			\$17,130.00
Name of Creditor Justin Weaver Lilley			Date Incurred 08/31/2018
Street Address 5729 Potomac Ave NW		City Washington	State DC
		Zip Code 20016	
Purpose of Expenditure (by code)  TRVL	Description  Auto expenses - August		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			\$603.40

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	30 Days Following Primary - Original

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

Name of Creditor Justin Weaver Lilley		Date Incurred 08/31/2018	
Street Address 5729 Potomac Ave NW	City Washington	State DC	Zip Code 20016
Purpose of Expenditure (bv code)  OVHD	Description  Supplies for sign installation	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			\$14.73

<b>Total of Section Q</b>	<b>\$28,662.54</b>
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**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	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:  Check #  Debit Card  EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City	State	Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes  No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**Total of Section R**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	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				

**Total of Section S**

<b>Section J4. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b>	
<b>Event #</b>	
Name of Candidate	

<b>Section N. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>N. Expenses Paid By Committee - Addendum</b>	
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