



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
<b>McLachlan 2018</b>			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>John</b>	MI <b>M</b>	Last <b>Whitcomb</b>		Suffix	
4. TREASURER ADDRESS					
Street Address <b>198 Southern Blvd</b>	City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06810</b>		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
<b>11/06/2018</b>	<b>State Senator</b>			<b>S024</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Michael</b>	MI <b>A</b>	Last <b>McLachlan</b>		Suffix	
9. TYPE OF REPORT					
<b>Final Weekly Supplemental Filing General Election - Original</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>10/24/2018</b>		thru		<b>10/30/2018</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>John Whitcomb</b>	<b>11/01/2018 6:35:00AM</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>McLachlan 2018</b>	Final Weekly Supplemental Filing General Election - 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>\$41,641.67</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$16,075.00</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>\$95,659.38</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>\$111,734.38</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$41,641.67</b>	<b>\$111,734.38</b>
20. Expenses Paid by Committee (Section N)	<b>\$19,107.80</b>	<b>\$89,200.51</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$22,533.87</b>	<b>\$22,533.87</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>\$1,020.51</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									
McLachlan 2018		Final Weekly Supplemental Filing General Election - 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								
<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Executive</td> <td>Legislative</td> </tr> </table>		Yes	No	Executive	Legislative	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No			
Yes	No										
Executive	Legislative										
Yes	No										
Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions								
<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>If yes, list Event #</td> </tr> </table>	Yes	No		If yes, list Event #	<table border="0"> <tr> <td>Cash</td> <td>Personal Check</td> </tr> <tr> <td>Money Order</td> <td>Credit/Debit Card</td> </tr> </table>	Cash	Personal Check	Money Order	Credit/Debit Card		
Yes	No										
	If yes, list Event #										
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) (Total on Line 14, Column A of Summary Page)								

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT					
McLachlan 2018		Final Weekly Supplemental Filing General Election - 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				
	<table border="0"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>If yes, list Event #</td> </tr> </table>		Yes	No		If yes, list Event #	
Yes	No						
	If yes, list Event #						
City	State	Zip Code	Aggregate Contributions				
		Date Received					
<b>Total of Section C1</b>							

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

NAME OF COMMITTEE				TYPE OF REPORT	
McLachlan 2018				Final Weekly Supplemental Filing General Election - 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	
McLachlan 2018				Final Weekly Supplemental Filing General Election - 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	
McLachlan 2018		Final Weekly Supplemental Filing General Election - Original	
<b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
<b>Total of Section E</b>			

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

NAME OF COMMITTEE		TYPE OF REPORT	
McLachlan 2018		Final Weekly Supplemental Filing General Election - Original	
<b>G. Interest from Deposits in Authorized Accounts</b>			
Name of Institution		Date Received	Amount
Street Address	City	State	Zip Code
<b>Total of Section G</b>			

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

NAME OF COMMITTEE		TYPE OF REPORT	
McLachlan 2018		Final Weekly Supplemental Filing General Election - Original	
<b>H. Public Grant Funds Received from the Citizens' Election Fund</b>			
Purpose of Grant:		Grant Cycle:	Date Received
Initial	Grant Adjustment	Primary	General Election
Supplemental/Post Election Deficit		Special Election	Amount
<b>Total of Section H</b>			

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

NAME OF COMMITTEE				TYPE OF REPORT	
McLachlan 2018				Final Weekly Supplemental Filing General Election - 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	
McLachlan 2018				Final Weekly Supplemental Filing General Election - 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>		Yes	(If yes, enter Total Receipts here.)		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		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
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original
<b>J3. In-Kind Donations Not Considered Contributions</b>	

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual	Date Received	Event #	Aggregate value for this event	
Business Entity				
Sole Proprietorship				
<b>Total of Section J3</b>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original
<b>J4. In-Kind Donations Not Considered Contributions Associated with a House Party</b>	

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	

<b>Total of Section J4</b>	
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**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - 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:	Yes No Executive   Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual      Committee      Sole Proprietorship			
<b>Total of Section K</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - 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
<b>Total of Section L</b>			Amount of Deposit



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Spectrum Marketing	Date of Payment 10/24/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Eddy Rd Ste 101	City Manchester	State NH	Zip Code 03102
Purpose of Expend A-DM	Description inv 604139 half	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 #
			\$1,328.73

Name of Payee Staples	Date of Payment 10/24/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 67 Newtown Rd	City Danbury	State CT	Zip Code 06810
Purpose of Expend OFFICE	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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$427.07

Name of Payee Staples	Date of Payment 10/24/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 67 Newtown Rd	City Danbury	State CT	Zip Code 06810
Purpose of Expend OFFICE	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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$16.55

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee USPO	Date of Payment 10/25/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Backus Ave	City Danbury	State CT	Zip Code 06810
Purpose of Expend POST	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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$841.23

Name of Payee USPO	Date of Payment 10/25/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Backus Ave	City Danbury	State CT	Zip Code 06810
Purpose of Expend POST	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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$523.85

Name of Payee Spectrum Marketing	Date of Payment 10/25/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Eddy Rd Ste 101	City Manchester	State NH	Zip Code 03102
Purpose of Expend A-DM	Description inv 604139 half		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 #
			\$1,328.73

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee USPO		Date of Payment 10/25/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Backus Ave		City Danbury	State CT	Zip Code 06810
Purpose of Expend POST	Description			Amount  \$151.75
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)	

Name of Payee USPO		Date of Payment 10/25/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Backus Ave		City Danbury	State CT	Zip Code 06810
Purpose of Expend POST	Description			Amount  \$353.33
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)	

Name of Payee Spectrum Marketing		Date of Payment 10/26/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Eddy Rd Ste 101		City Manchester	State NH	Zip Code 03102
Purpose of Expend A-DM	Description 60734 inv half			Amount  \$2,250.00
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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee USPO		Date of Payment 10/26/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Backus Ave		City Danbury	State CT	Zip Code 06810
Purpose of Expend POST	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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$178.00

Name of Payee Conquest Communications Group		Date of Payment 10/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>129</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2812 Emerywood Pkwy Ste 103		City Richmond	State VA	Zip Code 23294
Purpose of Expend POLLS	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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,604.40

Name of Payee Brenden Sniffen		Date of Payment 10/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>130</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Shepard Rd		City Danbury	State CT	Zip Code 06810
Purpose of Expend WAGE	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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,848.56

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Tarol Samuelson		Date of Payment 10/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>128</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 138 Prospect Hill Rd		City New Milford	State CT	Zip Code 06776
Purpose of Expend CNSLT	Description Smith pd \$11.96, McL pd \$35.90, total billed was \$47.86			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable) 330719	Event #	\$35.90

Name of Payee New Fairfield Press		Date of Payment 10/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>127</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Dunham Dr		City New Fairfield	State CT	Zip Code 06812
Purpose of Expend PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,422.97

Name of Payee CafePress Inc		Date of Payment 10/28/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6901 Riverport Dr .		City Louisville	State KY	Zip Code 40258
Purpose of Expend A-OTH	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$208.90

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Hanna's International Delight		Date of Payment 10/29/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 72 Lake Ave		City Danbury	State CT	Zip Code 06810
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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$63.40

Name of Payee Hanna's International Delight		Date of Payment 10/29/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 72 Lake Ave		City Danbury	State CT	Zip Code 06810
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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$124.10

Name of Payee Tarol Samuelson		Date of Payment 10/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>133</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 138 Prospect Hill Rd		City New Milford	State CT	Zip Code 06776
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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$47.86

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Brenden Sniffen		Date of Payment 10/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>131</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Shepard Rd		City Danbury	State CT	Zip Code 06810
Purpose of Expend WAGE	Description			Amount  \$844.13
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Alesia McLachlan		Date of Payment 10/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>132</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 33 Meadowbrook Rd		City Danbury	State CT	Zip Code 06811
Purpose of Expend RMB	Description			Amount  \$34.68
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee USPO		Date of Payment 10/29/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Backus Ave		City Danbury	State CT	Zip Code 06810
Purpose of Expend POST	Description			Amount  \$301.75
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Townsquare Media Group		Date of Payment 10/30/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1004 Federal Rd		City Brookfield	State CT	Zip Code 06804
Purpose of Expend A-RAD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,090.00

Name of Payee John M Whitcomb		Date of Payment 10/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 198 Southern Blvd		City Danbury	State CT	Zip Code 06810
Purpose of Expend CNSLT	Description treas contract			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$500.00

Name of Payee Spectrum Marketing		Date of Payment 10/30/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Eddy Rd Ste 101		City Manchester	State NH	Zip Code 03102
Purpose of Expend A-DM	Description 60734 inv half			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,250.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Kolwicz Landscaping	Date of Payment 10/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>135</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Jefferson Ave	City Danbury	State CT	Zip Code 06810
Purpose of Expend A-SIGN	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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,276.20

Name of Payee USPO	Date of Payment 10/30/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 23 Backus Ave	City Danbury	State CT	Zip Code 06810
Purpose of Expend POST	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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$55.71

**Total of Section N****\$19,107.80**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
						Final Weekly Supplemental Filing General Election - Original	
<b>O. Expenses Paid By Candidate</b>							
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		
McLachlan 2018						Final Weekly Supplemental Filing General Election - 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					<b>Amount</b>		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes	No	Expenditure # (if applicable)	Event #				
If yes, assign an Expenditure # and complete Itemization in Addendum								
<b>Total of Section P</b>								

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - 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?  If yes, assign an Expenditure # and completes Itemization in Addendum Q	Yes  No	Expenditure # (if applicable)	Event #

<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
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original

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

Last Name of Worker/Consultant McLachlan	First Alesia	MI	Date of Payment to Vendor 10/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 132 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant ShopRite				
Street Address of Vendor 143 Federal Rd		City Brookfield	State CT	Zip Code 06804
Purpose of Expenditure (by code) FOOD	Description			
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 \$34.68	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
<b>Total of Section R</b>				<b>\$34.68</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - 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
<b>J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b>	
<b>Event #</b>	
Name of Candidate	

**Section N. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT
McLachlan 2018	Final Weekly Supplemental Filing General Election - Original
<b>N. Expenses Paid By Committee - Addendum</b>	
<b>Expenditure #</b>	<b>Amount of Expenditure</b>
<b>330719</b>	<b>\$35.90</b>
Name of Candidate Rep Smith	Office Sought State Representative

**Section P. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT
<b>P. Expenses Incurred on Committee Credit Card - Addendum</b>	
<b>Expenditure #</b>	<b>Amount of Expenditure</b>
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