



**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>Final Weekly Supplemental Filing Primary - Original</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>08/01/2018</b>		thru		<b>08/07/2018</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>08/08/2018 7:44:41PM</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>	Final Weekly Supplemental Filing Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$2,292.57</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$200.00</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>\$20,000.00</b>	<b>\$76,061.00</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>\$20,200.00</b>	<b>\$108,986.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$22,492.57</b>	<b>\$108,986.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$20,102.68</b>	<b>\$106,596.11</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$2,389.89</b>	<b>\$2,389.89</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>\$10,794.41</b>	<b>\$16,109.13</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>\$47,083.12</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$96,569.95</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Final Weekly Supplemental Filing Primary - Original	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
		<b>\$0.00</b>	
<b>B. Itemized Contributions from Individuals</b>			

Last Name Wigley		First Craig		MI D	Contribution ID # 0336
Residential Street Address 2046 Spanish Wells Dr		City Wilmington		State NC	Zip Code 28405
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Date Received 08/02/2018	
				Aggregate Contributions \$100.00	\$100.00

Last Name Broadwell		First Gary		MI CT	Contribution ID # 0337
Residential Street Address 85 N Main St # 59		City East Hampton		State CT	Zip Code 06424
Principal Occupation Commercial Cleaning			Name of Employer GB's Cleaning		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Date Received 08/03/2018	
				Aggregate Contributions \$200.00	\$100.00

<b>Total of Section B</b>					<b>\$200.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) (Total on Line 14, Column A of Summary Page)					<b>\$200.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Final Weekly Supplemental Filing Primary - Original	

**C1. Contributions from Other Committees**

Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section J1? If yes, list Event #		Yes	No
				Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions	

<b>Total of Section C1</b>				
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**I. MONETARY RECEIPTS (Section A-I)**

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Mark for Comptroller	Final Weekly Supplemental Filing Primary - Original

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

Date of Receipt	Method of Payment	Amount
08/01/2018	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$10,000.00

Date of Receipt	Method of Payment	Amount
08/03/2018	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$10,000.00

<b>Total of Section E</b>	<b>\$20,000.00</b>
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**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Mark for Comptroller	Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing 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>	
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**I. MONETARY RECEIPTS (Section A-I)**

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing Primary - Original
<b>J3. In-Kind Donations Not Considered Contributions</b>	

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

**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	Final Weekly Supplemental Filing Primary - 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	

**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	Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing Primary - Original

**L. Refundable Deposit to Telephone Company**

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

**Total of Section L**



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

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

Name of Payee NESN	Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1064</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 485 Lexington Ave Fl 3	City New York	State NY	Zip Code 10017
Purpose of Expend A-TV	Description advertising	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$4,080.00

Name of Payee Justin Weaver Lilley	Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1065</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5729 Potomac Ave NW	City Washington	State DC	Zip Code 20016
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 #
			\$3,000.00

Name of Payee Elizabeth Wilson	Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1066</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 #
			\$2,000.00

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

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

Name of Payee WTNH		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1068</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 8 Elm St		City New Haven	State CT	Zip Code 06510
Purpose of Expend A-TV	Description advertising			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$6,056.25

Name of Payee Ben Mallet		Date of Payment 08/02/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1067</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 RMB	Description Reimbursement - out of pocket exps			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 #
				\$1,377.40

Name of Payee Ben Mallet		Date of Payment 08/02/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1067</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 TRVL	Description Auto expenses			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 #
				\$547.33

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

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

Name of Payee Anedot LLC		Date of Payment 08/03/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description credit card deposit processing fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4.20

Name of Payee Katnip Marketing, LLC		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1069</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 costs			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,037.50

**Total of Section N****\$20,102.68**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Final Weekly Supplemental Filing Primary - Original

### O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Entercom New York		08/02/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 345 Hudson St Fl 10		City New York		State NY	Zip Code 10014
Purpose of Expenditure (by code) A-RAD		Description Radio advertising		Event #	
				<b>Amount</b>  \$2,822.00	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Comcast Cable		08/02/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 1 Comcast Ctr		City Philadelphia		State PA	Zip Code 19103
Purpose of Expenditure (by code) A-TV		Description Cable television advertising		Event #	
				<b>Amount</b>  \$3,646.50	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
WBW Radio		08/06/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address PO Box 357		City Ledyard		State CT	Zip Code 06339
Purpose of Expenditure (by code) A-RAD		Description Radio advertising		Event #	
				<b>Amount</b>  \$616.25	
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
WCTY Radio		08/07/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address 40 Cuprak Rd		City Norwich		State CT	Zip Code 06360
Purpose of Expenditure (by code) A-RAD		Description Radio advertising		Event #	
				<b>Amount</b>  \$376.90	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
Mark for Comptroller						Final Weekly Supplemental Filing Primary - Original	
O. Expenses Paid By Candidate							
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
WILI Radio					08/07/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Street Address			City		State	Zip Code	
40 Cuprak Rd			Norwich		CT	06360	
Purpose of Expenditure (by code)	Description				Event #		Amount
A-RAD	Radio advertising						\$208.01
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
WICH Radio					08/07/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Street Address			City		State	Zip Code	
40 Cuprak Rd			Norwich		CT	06360	
Purpose of Expenditure (by code)	Description				Event #		Amount
A-RAD	Radio advertising						\$228.80
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
Conn Media Radio CT					08/07/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Street Address			City		State	Zip Code	
440 Wheelers Farm Rd			Milford		CT	06461	
Purpose of Expenditure (by code)	Description				Event #		Amount
A-RAD	Radio advertising						\$2,545.75
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
WDRC Radio					08/07/2018		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Street Address			City		State	Zip Code	
869 Blue Hills Ave .			Bloomfield		CT	06002	
Purpose of Expenditure (by code)	Description				Event #		Amount
A-RAD	Radio advertising						\$350.20
<b>Total of Section O</b>							<b>\$10,794.41</b>

<b>IV. EXPENDITURES (Sections N - S)</b>					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Mark for Comptroller				Final Weekly Supplemental Filing Primary - Original	
<b>P. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card: <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Visa</span> <span>Master Card</span> <span>Discover</span> <span>American Express</span> </div> 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		Final Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor J. Kenneth Nowell		Date Incurred 08/01/2018	
Street Address 97 Hickory Rd	City Torrington	State CT	Zip Code 06790
Purpose of Expenditure (by code)  WEB	Description  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 #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$65.65
Name of Creditor Capitol B Strategies, LLC		Date Incurred 08/01/2018	
Street Address 857 Post Rd Ste 355	City Fairfield	State CT	Zip Code 06824
Purpose of Expenditure (by code)  CNSLT	Description  General campaign management	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			\$6,168.30

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Final Weekly Supplemental Filing Primary - Original	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor Cooper Communications, LLC		Date Incurred 08/01/2018	
Street Address 77 Ripley Hill Rd	City Coventry	State CT	Zip Code 06238
Purpose of Expenditure (by code)  CNSLT	Description  Communications consulting	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			\$5,317.50
Name of Creditor Cooper Communications, LLC		Date Incurred 08/01/2018	
Street Address 77 Ripley Hill Rd	City Coventry	State CT	Zip Code 06238
Purpose of Expenditure (by code)  POLLS	Description  Contracted poll	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			\$5,000.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Final Weekly Supplemental Filing Primary - Original	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor Theroux, Nowell & Stoughton, LLC		Date Incurred 08/01/2018	
Street Address 53 Peck Rd	City Torrington	State CT	Zip Code 06790
Purpose of Expenditure (by code)  CNSLT	Description  Accounting/treasurer 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 If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
		\$3,000.00	
Name of Creditor Chris R. Dupont		Date Incurred 08/01/2018	
Street Address 42 Birchwood Ln	City Goshen	State CT	Zip Code 06756
Purpose of Expenditure (by code)  CNSLT	Description  Administrative 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 If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
		\$2,000.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Final Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor J. Kenneth Nowell		Date Incurred 08/04/2018	
Street Address 97 Hickory Rd		City Torrington	State      Zip Code CT            06790
Purpose of Expenditure (by code)  A-TV	Description  Cable TV advertising on credit card		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 #
			\$15,269.40
Name of Creditor J. Kenneth Nowell		Date Incurred 08/04/2018	
Street Address 97 Hickory Rd		City Torrington	State      Zip Code CT            06790
Purpose of Expenditure (by code)  A-RAD	Description  Radio advertising on credit card		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 #
			\$2,520.25

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Final Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor J. Kenneth Nowell		Date Incurred 08/06/2018	
Street Address 97 Hickory Rd	City Torrington	State CT	Zip Code 06790
Purpose of Expenditure (by code)  TRVL	Description  Lodging charged on credit card	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$1,118.95
Name of Creditor Universal Printing & Mailing Services Inc		Date Incurred 08/07/2018	
Street Address 75 Ardmore St	City Fairfield	State CT	Zip Code 06824
Purpose of Expenditure (by code)  A-DM	Description  Production & delivery of mailer	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			\$6,379.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Final Weekly Supplemental Filing 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 08/07/2018	
Street Address 75 Ardmore St	City Fairfield	State CT	Zip Code 06824
Purpose of Expenditure (bv code)  PRNT	Description  Palm cards	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			\$244.07
<b>Total of Section Q</b>			<b>\$47,083.12</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Final Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/15/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Blue Colony Diner
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Street Address of Vendor 66 Church Hill Rd .	City Newtown	State CT	Zip Code 06470
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Purpose of Expenditure (by code) FOOD	Description Dinner campaign matters
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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 \$42.70
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/16/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Outback Restaurant
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Street Address of Vendor 698 Bridgeport Ave .	City Shelton	State CT	Zip Code 06484
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Purpose of Expenditure (by code) FOOD	Description Dinner campaign matters
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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 \$110.32
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Final Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/18/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Walmart
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Street Address of Vendor 465 Bridgeport Ave	City Shelton	State CT	Zip Code 06484
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Purpose of Expenditure (by code) OFFICE	Description Office supplies
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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 \$115.62
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Mallet	First Ben	MI o	Date of Payment to Vendor 07/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant The Thirsty Goat
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Street Address of Vendor 22 Scovill St .	City Waterbury	State CT	Zip Code 06706
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Purpose of Expenditure (by code) FOOD	Description Dinner campaign matters
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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 \$65.60
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Final Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/21/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Spectra Wired Cafe
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Street Address of Vendor 5 Constitution Plz	City Hartford	State CT	Zip Code 06103
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Purpose of Expenditure (by code) FOOD	Description Lunch - campaign matters
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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 \$12.42
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/21/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Frank Pepe Pizzeria
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Street Address of Vendor 157 Wooster St .	City New Haven	State CT	Zip Code 06511
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Purpose of Expenditure (by code) FOOD	Description Dinner campaign matters
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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 \$41.17
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Final Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/23/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Minuteman Press
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Street Address of Vendor 1700 Post Rd	City Fairfield	State CT	Zip Code 06824
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Purpose of Expenditure (by code) PRNT	Description Printing costs
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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 \$95.73
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/23/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Firehouse Deli
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Street Address of Vendor 22 Reef Rd	City Fairfield	State CT	Zip Code 06824
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Purpose of Expenditure (by code) FOOD	Description Lunch - campaign matters
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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 \$2.77
If yes, assign an Expenditure # and completes Itemization in Addendum R			



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Final Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Mallet	First Ben	MI C	Date of Payment to Vendor 07/24/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
Connecticut Sandwich Co.

Street Address of Vendor 78 Pine St .	City New Canaan	State CT	Zip Code 06840
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Purpose of Expenditure (by code) FOOD	Description Lunch - campaign matters
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Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum R	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount  \$13.65
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Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/24/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
Courtyard by Marriott

Street Address of Vendor 780 Bridgeport Ave .	City Shelton	State CT	Zip Code 06484
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Purpose of Expenditure (by code) FOOD	Description Dinner campaign matters
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Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum R	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount  \$30.65
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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	Final Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/24/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Michael's Crafts
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Street Address of Vendor 79 Turnpike Sq .	City Milford	State CT	Zip Code 06460
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Purpose of Expenditure (by code) OFFICE	Description supplies
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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 \$11.08
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/24/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Turf Restaurant
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Street Address of Vendor 142 Grand St .	City Waterbury	State CT	Zip Code 06702
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Purpose of Expenditure (by code) FOOD	Description Dinner campaign matters
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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 \$49.50
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Final Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Mallet	First Ben	MI P	Date of Payment to Vendor 07/27/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Box 63
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Street Address of Vendor 338 Elm St .	City New Haven	State CT	Zip Code 06511
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Purpose of Expenditure (by code) FOOD	Description Dinner campaign matters
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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 \$104.89
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/27/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples
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Street Address of Vendor 600 New Haven Ave .	City Derby	State CT	Zip Code 06418
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Purpose of Expenditure (by code) OFFICE	Description Office Supplies
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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 \$228.75
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Final Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/30/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Henry Roush Photography
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Street Address of Vendor 41 Rucum Rd	City Roxbury	State CT	Zip Code 06783
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Purpose of Expenditure (by code) PRNT	Description Photography for palm cards
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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 \$100.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 07/30/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant McDonald's
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Street Address of Vendor 44 Division St .	City Derby	State CT	Zip Code 06418
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Purpose of Expenditure (by code) FOOD	Description Lunch - campaign matters
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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 \$18.58
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Final Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 08/01/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Best Buy
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Street Address of Vendor 1201 Boston Post Rd .	City Milford	State CT	Zip Code 06460
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Purpose of Expenditure (by code) OFFICE	Description Communication supplies
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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 \$62.73
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 08/02/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Marriott Residence Inn
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Street Address of Vendor 1001 Bridgeport Ave .	City Shelton	State CT	Zip Code 06484
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Purpose of Expenditure (by code) FOOD	Description Meals
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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 \$19.41
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Final Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 08/02/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Buffalo Wild Wings
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Street Address of Vendor 1201 Boston Post Rd	City Milford	State CT	Zip Code 06460
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Purpose of Expenditure (by code) FOOD	Description Campaign Dinners
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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 \$167.60
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Mallet	First Ben	MI	Date of Payment to Vendor 08/02/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1067 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Subway
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Street Address of Vendor 465 Bridgeport Ave .	City Shelton	State CT	Zip Code 06484
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Purpose of Expenditure (by code) FOOD	Description Campaign meals
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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 \$84.23
If yes, assign an Expenditure # and completes Itemization in Addendum R			

<b>Total of Section R</b>	<b>\$1,377.40</b>
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**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Final Weekly Supplemental Filing Primary - Original	

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

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

**Section J4. ADDENDUM**

NAME OF COMMITTEE		TYPE OF REPORT	

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

Event #	
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