



Electronic Filing
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COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Boughton for Governor			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Michael	MI J	Last Purcaro	Suffix		
4. TREASURER ADDRESS					
Street Address 15 Quarterhorse Dr	City Ellington	State CT	Zip Code 06029		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/06/2018	Governor				
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Mark	MI D	Last Boughton	Suffix		
9. TYPE OF REPORT					
July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
06/19/2018		thru		06/30/2018	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing	Roger Palanzo	07/06/2018 5:07:19PM			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<p>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.</p>					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Boughton for Governor	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$26,875.91	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$17,885.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$1,354,250.00	\$1,483,929.16
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$1,354,250.00	\$1,501,814.16
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$1,381,125.91	\$1,501,814.16
20. Expenses Paid by Committee (Section N)	\$316,921.37	\$437,609.62
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$1,064,204.54	\$1,064,204.54
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Boughton for Governor		July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY			For Nonparticipating Candidates ONLY
B. Itemized Contributions from Individuals			

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		

Total of Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (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	
Boughton for Governor				July 10 Filing - Original	
C1. Contributions from Other Committees					
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	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Boughton for Governor				July 10 Filing - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
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				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT		
Boughton for Governor				July 10 Filing - Original		
D. Loans Received this Period						
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	Amount Received	
Total of Section D						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Boughton for Governor	July 10 Filing - Original

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

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
Total of Section E		

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Boughton for Governor	July 10 Filing - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State
		Zip Code
Total of Section G		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Boughton for Governor	July 10 Filing - Original

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Boughton for Governor				July 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name CEP			Date of Transaction 06/25/2018		Amount Received \$1,354,250.00
Street Address 20 Trinity St		City Hartford	State CT	Zip Code 06106	
Description Penny Test Distribution					
Total of Section I					\$1,354,250.00

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Boughton for Governor				July 10 Filing - Original	
J1. Event Information					
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No		
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1:					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Boughton for Governor	July 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address		City	State Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Individual Business Entity Sole Proprietorship	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
Boughton for Governor	July 10 Filing - 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
Boughton for Governor	July 10 Filing - 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			
Total of Section K			

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Boughton for Governor	July 10 Filing - 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			Amount of Deposit

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Boughton for Governor	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee CEF		Date of Payment 06/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Trinity St		City Hartford	State CT	Zip Code 06106
Purpose of Expend CEF	Description Buffer			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 #
				\$1,450.00
Name of Payee Google Apps		Date of Payment 06/23/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expend WEB	Description Web Email			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 #
				\$34.36
Name of Payee IDONATE Pro		Date of Payment 06/23/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2033 San Elijo Ave # 203		City Cardiff by the Sea	State CA	Zip Code 92007
Purpose of Expend Misc *	Description Fundraising Platform			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 #
				\$125.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Boughton for Governor	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Vue 24		Date of Payment 06/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 350 Trolley Line Blvd		City Mashantucket	State CT	Zip Code 06338
Purpose of Expend FOOD	Description FOOD			Amount \$465.82
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 Comcast		Date of Payment 06/26/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 1577		City Newark	State NJ	Zip Code 07101
Purpose of Expend OVHD	Description Web Service			Amount \$196.15
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 Diversified Printing Solutions		Date of Payment 06/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 128 E Liberty St		City Danbury	State CT	Zip Code 06810
Purpose of Expend PRNT	Description Printing			Amount \$18,884.96
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
Boughton for Governor	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Jamison Bazinet		Date of Payment 06/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 133 Fair St		City Wallingford	State CT	Zip Code 06492
Purpose of Expend Misc *	Description Photographer			Amount \$478.58
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 Conquest Communications Group		Date of Payment 06/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <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 Polling			Amount \$15,250.00
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)	

Name of Payee America Rising Corp.		Date of Payment 06/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1500 Wilson Blvd Fl 5		City Arlington	State VA	Zip Code 22209
Purpose of Expend Misc *	Description Research			Amount \$15,000.00
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
Boughton for Governor	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Imageworks LLC		Date of Payment 06/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 3184		City Vernon	State CT	Zip Code 06066
Purpose of Expend A-WEB	Description A-WEB			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 #
				\$5,918.00

Name of Payee Triple Stitch Sportswear, LLC		Date of Payment 06/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 115 Wterbury Rd		City Prospect	State CT	Zip Code 06712
Purpose of Expend PRNT	Description Printing			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 #
				\$1,393.45

Name of Payee Reach Communications		Date of Payment 06/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 8 Roblin Rd		City Bedford	State NH	Zip Code 03110
Purpose of Expend OVHD	Description VOIP Phones			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 #
				\$4,395.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Boughton for Governor	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Savings Bank of Danbury		Date of Payment 06/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 West St		City Danbury	State CT	Zip Code 06810
Purpose of Expend BNK	Description Bank Fees			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 Patrick O'Neil		Date of Payment 06/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 Straits Rd		City Chester	State CT	Zip Code 06412
Purpose of Expend CNSLT	Description Consultant Payment			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4,000.00

Name of Payee Andrew Wetmore		Date of Payment 06/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 36 Ridge Rd		City Danbury	State CT	Zip Code 06810
Purpose of Expend CNSLT	Description Consultant Payment			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Boughton for Governor	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Costco		Date of Payment 06/28/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 200 Federal Rd		City Brookfield	State CT	Zip Code 06804
Purpose of Expend FOOD	Description FOOD			Amount \$786.55
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 Roger Palanzo		Date of Payment 06/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 45 Briarwood Dr		City Danbury	State CT	Zip Code 06810
Purpose of Expend RMB	Description Reimbursement			Amount \$31.88
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 Lindsay Jacobs		Date of Payment 06/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 302 W 87th St Apt 64		City New York	State NY	Zip Code 10024
Purpose of Expend CNSLT	Description Consultant Payment			Amount \$7,500.00
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
Boughton for Governor	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Marc Dillon		Date of Payment 06/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 19 Park Ave		City North Canaan	State CT	Zip Code 06018
Purpose of Expend CNSLT	Description Consultant Payment			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 #
				\$10,000.00

Name of Payee Medium Buying LLC		Date of Payment 06/28/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1351 King Ave Fl 2		City Columbus	State OH	Zip Code 43212
Purpose of Expend A-TV	Description TV Ad			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$200,654.00

Name of Payee Deep Root Analytics, LLC		Date of Payment 06/28/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Wilson Boulevard Ste 330		City Arlington	State VA	Zip Code 22209
Purpose of Expend A-TV	Description TV Ad			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 #
				\$25,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Boughton for Governor	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Diversified Printing Solutions		Date of Payment 06/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 128 E Liberty St		City Danbury	State CT	Zip Code 06810
Purpose of Expend PRNT	Description Printing			Amount \$204.72
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 Cedar Brands		Date of Payment 06/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 766		City Danbury	State CT	Zip Code 06813
Purpose of Expend OVHD	Description Rent			Amount \$1,000.00
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)	

Name of Payee Anedot		Date of Payment 06/30/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 450 Laurel St Ste 2105		City Baton Rouge	State LA	Zip Code 70801
Purpose of Expend BNK	Description Bank Fees			Amount \$132.90
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)	

Total of Section N

\$316,921.37

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
						July 10 Filing - Original	
O. Expenses Paid By Candidate							
Name of Payee (Name of vendor who candidate paid directly)					Date of Payment		Is Reimbursement Claimed?
							Yes No
Street Address			City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description				Event #		
Total of Section O							

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT		
Boughton for Governor						July 10 Filing - Original		
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution					Type of Credit Card:			
					Visa	Master Card	Discover	American Express
					Other			
Name of Vendor						Date of Transaction		
Street Address				City		State	Zip Code	
Purpose of Expenditure (by code)	Description					Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Yes	No			Expenditure # (if applicable)
If yes, assign an Expenditure # and complete Itemization in Addendum								
Total of Section P								

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Boughton for Governor	July 10 Filing - Original

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

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

Total of Section Q	
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Boughton for Governor	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Palanzo	First Roger	MI	Date of Payment to Vendor 06/28/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Lowe's				
Street Address of Vendor 67 Eagle Rd		City Danbury	State CT	Zip Code 06810
Purpose of Expenditure (by code) Misc *	Description Office Materials			
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 \$31.88	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$31.88

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Boughton for Governor	July 10 Filing - 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				

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

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

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

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

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

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

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