



COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Tim for Connecticut 2018				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Thomas		MI J	Last Daly			Suffix	
4. TREASURER ADDRESS							
Street Address 117 Cascade Blvd Apt 108			City Milford		State CT	Zip Code 06460	
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 Timothy		MI M	Last Herbst			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		Thomas Daly			07/10/2018 11:30:06PM		
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	
Tim for Connecticut 2018	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	\$30,250.49	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$174,424.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$52,627.24
16. Other Monetary Receipts (Section D through I)	\$1,354,250.00	\$1,354,250.00
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	\$1,581,301.24
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$1,384,500.49	\$1,581,301.24
20. Expenses Paid by Committee (Section N)	\$154,247.60	\$351,048.35
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$1,230,252.89	\$1,230,252.89
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	\$1,313.66
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	\$1,826.92
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	
Tim for Connecticut 2018		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?				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative				Yes No Amount of Contribution	
Is this contribution associated with an event reported in Section J1?		Method of contribution:		Date Received	Aggregate Contributions
Yes		Cash Personal Check			
No		Money Order Credit/Debit Card			
If yes, list Event #					

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	
Tim for Connecticut 2018				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	
Tim for Connecticut 2018				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	
Tim for Connecticut 2018				July 10 Filing - Original	
D. Loans Received this Period					
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)					Amount Received
Street Address		City	State	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Tim for Connecticut 2018	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
Tim for Connecticut 2018	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
Tim for Connecticut 2018	July 10 Filing - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	06/25/2018	\$1,354,250.00
Total of Section H			\$1,354,250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Tim for Connecticut 2018				July 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Tim for Connecticut 2018				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
Tim for Connecticut 2018	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	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
Tim for Connecticut 2018	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		
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III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	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			
			Fair Market Value of this Contribution

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	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
			Amount of Deposit

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Baybrook Home Improvements, LLC		Date of Payment 06/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>252</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 824 Boston Post Rd		City West Haven	State CT	Zip Code 06516
Purpose of Expend Misc *	Description Lease of office space (I)			Amount \$300.00
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 CEF		Date of Payment 06/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>253</u> <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 Check			Amount \$10,095.61
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 Jon Conradi		Date of Payment 06/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>255</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 610 C St NE		City Washington	State DC	Zip Code 20002
Purpose of Expend RMB	Description RMB			Amount \$575.40
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
Tim for Connecticut 2018	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee FP1 Strategies, LLC		Date of Payment 06/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>256</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1826 Jefferson PI NW		City Washington	State DC	Zip Code 20036
Purpose of Expend CNSLT	Description Campaign services of a consultant (P)			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 #
				\$3,500.00

Name of Payee FP1 Strategies, LLC		Date of Payment 06/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>257</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1826 Jefferson PI NW		City Washington	State DC	Zip Code 20036
Purpose of Expend CNSLT	Description Campaign services of a consultant (P)			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 #
				\$12,000.00

Name of Payee FP1 Strategies, LLC		Date of Payment 06/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>258</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1826 Jefferson PI NW		City Washington	State DC	Zip Code 20036
Purpose of Expend CNSLT	Description Campaign services of a consultant (P)			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
Tim for Connecticut 2018	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee GS Strategy Group		Date of Payment 06/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>259</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 800 W Main St Ste 1420		City Boise	State ID	Zip Code 83702
Purpose of Expend POLLS	Description Poll			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 #
				\$24,000.00

Name of Payee Majority Strategies, LLC		Date of Payment 06/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>260</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12854 Kenan Dr Ste 145		City Jacksonville	State FL	Zip Code 32258
Purpose of Expend Misc *	Description Campaign Materials			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 #
				\$6,870.30

Name of Payee Majority Strategies, LLC		Date of Payment 06/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>261</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 12854 Kenan Dr Ste 145		City Jacksonville	State FL	Zip Code 32258
Purpose of Expend Misc *	Description Campaign Materials			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 #
				\$10,870.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee I360, LLC		Date of Payment 06/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>262</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29374 Network Pl		City Chicago	State IL	Zip Code 60673
Purpose of Expend Misc *	Description Data 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 #
				\$4,000.00

Name of Payee Jordanne Anderson		Date of Payment 06/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>263</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80A Glover Ave		City Quincy	State MA	Zip Code 02171
Purpose of Expend WAGE	Description Employee Payroll			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 #
				\$5,458.32

Name of Payee Stephen Falcigno		Date of Payment 06/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>264</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Dillon Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend WAGE	Description Employee Payroll			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 #
				\$1,192.44

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Thomas Daly		Date of Payment 06/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>265</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 117 Cascade Blvd Apt 108		City Milford	State CT	Zip Code 06460
Purpose of Expend WAGE	Description Employee Payroll			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 #
				\$4,975.10

Name of Payee Mobilize the Message LLC		Date of Payment 06/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>266</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 805 N Howard St Unit 244		City Alexandria	State VA	Zip Code 22304
Purpose of Expend CNSLT	Description Campaign services of a consultant (P)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$6,000.00

Name of Payee US Post Office		Date of Payment 06/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>267</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 50 Quality St		City Trumbull	State CT	Zip Code 06611
Purpose of Expend Misc *	Description PO Box Rental			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 #
				\$56.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Michael Herbst		Date of Payment 06/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>268</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Lynnbrook Rd		City Trumbull	State CT	Zip Code 06611
Purpose of Expend RMB	Description Staples RMB			Amount \$163.67
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 Strategic Media Services, Inc.		Date of Payment 06/27/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1911 N Ft Myer Dr Ste 400		City Arlington	State VA	Zip Code 22209
Purpose of Expend A-RAD	Description Media Buy			Amount \$18,035.69
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 People's Bank		Date of Payment 06/27/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 850 Main St .		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend BNK	Description Wire Transfer Fee			Amount \$30.00
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
Tim for Connecticut 2018	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Tim Herbst		Date of Payment 06/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>269</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Fairview Ave		City Trumbull	State CT	Zip Code 06611
Purpose of Expend RMB	Description RMB			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 #	\$315.60

Name of Payee Payroll Center Payroll		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 1230 Peachtree St NE Ste 1250		City Atlanta	State GA	Zip Code 30309
Purpose of Expend WAGE	Description Employee Payroll			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 #	\$485.31

Name of Payee Payroll Center Payroll		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 1230 Peachtree St NE Ste 1250		City Atlanta	State GA	Zip Code 30309
Purpose of Expend WAGE	Description Employee Payroll			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 #	\$7,450.58

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Town of Trumbull		Date of Payment 06/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>270</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5866 Main St		City Trumbull	State CT	Zip Code 06611
Purpose of Expend Misc *	Description Facility Usage 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 #
				\$225.00

Name of Payee Jordanne Anderson		Date of Payment 06/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>271</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80A Glover Ave		City Quincy	State MA	Zip Code 02171
Purpose of Expend RMB	Description RMB and Mileage			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 #
				\$3,047.87

Name of Payee Tim Herbst		Date of Payment 06/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>272</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Fairview Ave		City Trumbull	State CT	Zip Code 06611
Purpose of Expend TRVL	Description Mileage			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 #
				\$4,612.98

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Stephen Falcigno		Date of Payment 06/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>273</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Dillon Rd		City Woodbridge	State CT	Zip Code 06525
Purpose of Expend RMB	Description Mileage and RMB			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 #
				\$3,644.53

Name of Payee Thomas Daly		Date of Payment 06/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>298</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 117 Cascade Blvd Apt 108		City Milford	State CT	Zip Code 06460
Purpose of Expend RMB	Description Mileage and RMB			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 #
				\$1,342.70

Total of Section N**\$154,247.60**

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		
Tim for Connecticut 2018						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)	Event #				
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
Tim for Connecticut 2018	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
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Daly	First Thomas	MI J	Date of Payment to Vendor 05/08/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Walmart

Street Address of Vendor 1365 Boston Post Rd	City Milford	State CT	Zip Code 06460
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$11.70
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Daly	First Thomas	MI J	Date of Payment to Vendor 05/11/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor 45 Salem Tpke	City Norwich	State CT	Zip Code 06360
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$112.19
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
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Falcigno	First Stephen	MI A	Date of Payment to Vendor 05/11/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Inn at Mystic

Street Address of Vendor 3 Williams Ave	City Mystic	State CT	Zip Code 06355
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$79.35
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Daly	First Thomas	MI J	Date of Payment to Vendor 05/22/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Target
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Street Address of Vendor 25 Boston Post Rd	City Orange	State CT	Zip Code 06477
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$29.20
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
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Daly	First Thomas	MI J	Date of Payment to Vendor 05/30/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Teppanyaki Supreme Buffet

Street Address of Vendor 355 Huntington Tpke	City Bridgeport	State CT	Zip Code 06610
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$234.58
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Daly	First Thomas	MI J	Date of Payment to Vendor 06/04/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant US Postal Service

Street Address of Vendor 75 Farwell St	City West Haven	State CT	Zip Code 06516
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$50.00
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
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Anderson	First Jordanne	MI L	Date of Payment to Vendor 06/11/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant CVS

Street Address of Vendor 930 White Plains Rd .	City Trumbull	State CT	Zip Code 06611
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$6.90
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Anderson	First Jordanne	MI L	Date of Payment to Vendor 06/11/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant UPS Store

Street Address of Vendor 929 White Plains Rd .	City Trumbull	State CT	Zip Code 06611
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$24.33
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
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Anderson	First Jordanne	MI L	Date of Payment to Vendor 06/14/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant CT Convention Center Parking
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Street Address of Vendor 100 Columbus Blvd	City Hartford	State CT	Zip Code 06106
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$5.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Anderson	First Jordanne	MI L	Date of Payment to Vendor 06/16/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Target
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Street Address of Vendor 21 Broad St	City Stamford	State CT	Zip Code 06901
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$43.04
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
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Falcigno	First Stephen	MI A	Date of Payment to Vendor 06/18/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Costco Wholesale
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Street Address of Vendor 1718 Boston Post Rd	City Milford	State CT	Zip Code 06460
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$31.89
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Falcigno	First Stephen	MI A	Date of Payment to Vendor 06/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Walmart

Street Address of Vendor 120 Commercial Pkwy	City Branford	State CT	Zip Code 06405
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$155.41
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
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Anderson	First Jordanne	MI L	Date of Payment to Vendor 06/20/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant The Home Depot
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Street Address of Vendor 75 Frontage Rd	City East Haven	State CT	Zip Code 06512
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$20.91
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Anderson	First Jordanne	MI L	Date of Payment to Vendor 06/20/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Walmart

Street Address of Vendor 120 Commercial Pkwy	City Branford	State CT	Zip Code 06405
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$84.59
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
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Anderson	First Jordanne	MI L	Date of Payment to Vendor 06/22/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor 85 N Main St .	City Branford	State CT	Zip Code 06405
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$2.74
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Conradi	First Jon	MI L	Date of Payment to Vendor 06/22/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant JetBlue

Street Address of Vendor 27-01 Queens Plz N	City Long Island City	State NY	Zip Code 11101
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Purpose of Expenditure (by code) Misc *	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$575.40
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
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Anderson	Jordanne	L	06/23/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant StickerGiant.com Inc.

Street Address of Vendor	City	State	Zip Code
880 Weaver Park Rd .	Longmont	CO	80501

Purpose of Expenditure (by code)	Description
Misc *	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$321.53

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Anderson	Jordanne	L	06/23/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Staples

Street Address of Vendor	City	State	Zip Code
85 N Main St .	Branford	CT	06405

Purpose of Expenditure (by code)	Description
Misc *	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$31.89

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Anderson	Jordanne	L	06/24/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Staples

Street Address of Vendor	City	State	Zip Code
85 N Main St .	Branford	CT	06405

Purpose of Expenditure (by code)	Description
Misc *	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$46.30

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Anderson	Jordanne	L	06/24/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
RushOrderTees.com

Street Address of Vendor	City	State	Zip Code
2727 Commerce Way	Philadelphia	PA	19154

Purpose of Expenditure (by code)	Description
Misc *	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$1,275.12

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Falcigno	Stephen	A	06/25/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Bradley International Airport Standard Parking Lot
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Street Address of Vendor	City	State	Zip Code
9 Schoephoester Rd	Windsor Locks	CT	06088

Purpose of Expenditure (by code)	Description
Misc *	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$6.38

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Anderson	Jordanne	L	06/25/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Durant Party Rentals
--

Street Address of Vendor	City	State	Zip Code
20 Putnam Dr	Cheshire	CT	06410

Purpose of Expenditure (by code)	Description
Misc *	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$116.99

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Anderson	Jordanne	L	06/25/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Hertz

Street Address of Vendor	City	State	Zip Code
2 Schoephoester Rd	Windsor Locks	CT	06096

Purpose of Expenditure (by code)	Description
Misc *	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$269.64

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Daly	Thomas	J	06/26/2018	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Fedex

Street Address of Vendor	City	State	Zip Code
3965 Airways Module G Fl 4	Memphis	TN	38116

Purpose of Expenditure (by code)	Description
Misc *	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$26.20

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Anderson	First Jordanne	MI L	Date of Payment to Vendor 06/27/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 85 N Main St .		City Branford	State CT	Zip Code 06405
Purpose of Expenditure (by code) Misc *	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$7.67	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				\$3,568.95

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Tim for Connecticut 2018	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 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