



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Markley for LG			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First William	MI J	Last Stanley		Suffix	
4. TREASURER ADDRESS					
Street Address 445 Wild Flower Pl	City Cheshire	State CT	Zip Code 06410		
5. ELECTION DATE 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) Lieutenant Governor			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Joseph	MI C	Last Markley		Suffix	
9. TYPE OF REPORT					
Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
08/08/2018		thru		08/19/2018	
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	Barbara Roberts	08/21/2018 9:39:37PM			
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	
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee -	
	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	\$185,630.31	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$85,557.42
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$30.00	\$409,141.45
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)	\$30.00	\$494,698.87
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$185,660.31	\$494,698.87
20. Expenses Paid by Committee (Section N)	\$114,533.98	\$423,572.54
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$71,126.33	\$71,126.33
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	\$1,320.00
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	\$25.00
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	
Markley for LG		Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee -	
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: Executive Legislative		Yes No	Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If yes, list Event #		Yes No	
Is this contribution associated with an event reported in Section J1?	Yes No	Method of contribution: Cash Personal Check Money Order Credit/Debit Card	Date Received
		Aggregate Contributions	
Total of Section B			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			(Sections A + B) (Total on Line 14, Column A of Summary Page)

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Markley for LG		Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - 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 #	
City		State	Zip Code
		Date Received	Aggregate Contributions
Total of Section C1			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Markley for LG				Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate	
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	
Markley for LG				Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - 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	
Markley for LG		Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - 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	
Markley for LG		Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - 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	
Markley for LG		Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - Original	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:		Grant Cycle:	Date Received
Initial	Grant Adjustment	Primary	General Election
Supplemental/Post Election Deficit		Special Election	Amount
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Markley for LG				Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Ion Bank			08/16/2018		
Street Address		City	State	Zip Code	
PO Box 370		Naugatuck	CT	06770	
Description					Amount Received
refund of erroneous charge					\$30.00
Total of Section I					\$30.00

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT		
Markley for LG				Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - Original		
J1. Event Information						
Event #	Description			Was this a fundraising event?		
Date of Event	Letter				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:		Yes	(If yes, enter Total Receipts here.)			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		No				
Total of Section J1						

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - 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	Date Received	Event #	Aggregate value for this event
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
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - 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
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - 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
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - 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
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov.
N. Expenses Paid By Committee	

Name of Payee Pamela Salamone		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 659 Cornwall Ave .		City Cheshire	State CT	Zip Code 06410
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$5,000.00

Name of Payee Comcast Financial Agency Corp		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2000 Clayton Rd		City Concord	State CA	Zip Code 94520
Purpose of Expend A-TV	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$22,000.00

Name of Payee Comcast Financial Agency Corp		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2000 Clayton Rd		City Concord	State CA	Zip Code 94520
Purpose of Expend A-TV	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$7,017.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov.
N. Expenses Paid By Committee	

Name of Payee Ion Bank		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 370		City Naugatuck	State CT	Zip Code 06770
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$30.00

Name of Payee Votertrove		Date of Payment 08/08/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 921 Calvalry Ride Trl		City Austin	State TX	Zip Code 78732
Purpose of Expend A-WEB	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$21,875.00

Name of Payee Berkshire Broadcasting		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 98 Mill Plain Rd		City Danbury	State CT	Zip Code 06810
Purpose of Expend A-RAD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov.
N. Expenses Paid By Committee	

Name of Payee Full Power Radio		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 758 Colonel Ledyard Hwy		City Ledyard	State CT	Zip Code 06339
Purpose of Expend A-RAD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,000.00

Name of Payee Stamp Fulfillment Services		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 8300 NE Underground Dr Pillar 210		City Kansas City	State MO	Zip Code 64144
Purpose of Expend POST	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$24.90

Name of Payee Hal Wood		Date of Payment 08/09/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 41 E High St # 32		City East Hampton	State CT	Zip Code 06424
Purpose of Expend A-DM	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,732.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov.
N. Expenses Paid By Committee	

Name of Payee Cumulus Radio		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Lafayette Sq Fl 7		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend A-RAD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,300.00

Name of Payee Tyler Peruta		Date of Payment 08/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>122</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Old Cider Mill Rd		City Southington	State CT	Zip Code 06489
Purpose of Expend TRVL	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$65.55

Name of Payee Frank Fusco		Date of Payment 08/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>131</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 400 Beacon Hill Dr		City Cheshire	State CT	Zip Code 06410
Purpose of Expend TRVL	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$420.90

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov.
N. Expenses Paid By Committee	

Name of Payee CompuMail Corp		Date of Payment 08/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>136</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 298 Capt Lewis Dr .		City Southington	State CT	Zip Code 06489
Purpose of Expend POST	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,237.11

Name of Payee Josiah Elsaghir		Date of Payment 08/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>137</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Box 243		City Plymouth	State CT	Zip Code 06782
Purpose of Expend TRVL	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$202.76

Name of Payee Frank Fusco		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 400 Beacon Hill Dr		City Cheshire	State CT	Zip Code 06410
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov.
N. Expenses Paid By Committee	

Name of Payee USPS		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 125 Main St		City Southington	State CT	Zip Code 06489
Purpose of Expend POST	Description			Amount \$130.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee USPS		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 223 Clark St		City Milldale	State CT	Zip Code 06467
Purpose of Expend POST	Description			Amount \$620.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee CVS Pharmacy		Date of Payment 08/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 905 S Main St .		City Cheshire	State CT	Zip Code 06410
Purpose of Expend OFFICE	Description			Amount \$38.13
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov.
N. Expenses Paid By Committee	

Name of Payee USPO		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 210 Maple Ave .		City Cheshire	State CT	Zip Code 06410
Purpose of Expend POST	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$250.00

Name of Payee USPO		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 210 Maple Ave .		City Cheshire	State CT	Zip Code 06410
Purpose of Expend POST	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$80.00

Name of Payee CVS Pharmacy		Date of Payment 08/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 905 S Main St .		City Cheshire	State CT	Zip Code 06410
Purpose of Expend OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5.39

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov.
N. Expenses Paid By Committee	

Name of Payee Photography by Picard		Date of Payment 08/13/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>128</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 67 Cedar Ln		City Wolcott	State CT	Zip Code 06716
Purpose of Expend A-OTH	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$606.19

Name of Payee Barbara Roberts		Date of Payment 08/14/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>139</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 375 Copper Rdg		City Southington	State CT	Zip Code 06489
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,500.00

Name of Payee Ion Bank		Date of Payment 08/15/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 370		City Naugatuck	State CT	Zip Code 06770
Purpose of Expend BNK	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$30.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov.
N. Expenses Paid By Committee	

Name of Payee Jacob Marie		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5074</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Stuart Dr		City Tolland	State CT	Zip Code
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$650.00

Name of Payee Tyler Peruta		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5093</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Old Cider Mill Rd		City Southington	State CT	Zip Code 06489
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$500.00

Name of Payee Hashtag Media Productions LLC		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5100</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 84 Autumn Dr		City Tolland	State CT	Zip Code 06084
Purpose of Expend A-RAD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$750.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov.
N. Expenses Paid By Committee	

Name of Payee Votertrove	Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5099</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 921 Calvalry Ride Trl	City Austin	State TX	Zip Code 78732
Purpose of Expend A-WEB	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$37,375.00

Name of Payee James Darcey	Date of Payment 08/16/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5091</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Nicholas Ct	City Hamden	State CT	Zip Code 06518
Purpose of Expend CNSLT	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,000.00

Name of Payee Tyler Peruta	Date of Payment 08/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5103</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Old Cider Mill Rd	City Southington	State CT	Zip Code 06489
Purpose of Expend TRVL	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$92.95

Total of Section N

\$114,533.98

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
				Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - 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	
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	
Markley for LG				Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - Original	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card:		
			<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> 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
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - Original

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

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

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City	State	Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Lt. Gov. Candidate Committee Itemized Statement 15 Days Post Joining With Gov. Candidate Committee - 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