



COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Rod for CT Gov				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Harold		MI S	Last Harris			Suffix	
4. TREASURER ADDRESS							
Street Address 101 Laurel Trl			City Glastonbury		State CT	Zip Code 06033	
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 Rodney		MI M	Last Hanscomb			Suffix	
9. TYPE OF REPORT							
October 10 Filing - Original							
10. PERIOD COVERED							
		Beginning Date		thru		Ending Date	
		07/01/2018				09/30/2018	
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		Harold Harris			10/09/2018 12:31:36PM		
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	
Rod for CT Gov	October 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	\$10,049.80	
14. Contributions received from Individuals (Section A and B)	\$4,220.00	\$4,725.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$10,300.00
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)	\$4,220.00	\$15,025.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$14,269.80	\$15,025.00
20. Expenses Paid by Committee (Section N)	\$145.10	\$900.30
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$14,124.70	\$14,124.70
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$1,500.00	\$3,130.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$10,000.00	
26a. + Loans Received (Section D)	\$0.00	\$10,000.00
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	\$10,000.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$795.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$3,830.11	\$3,830.11
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$99.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$99.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rod for CT Gov	October 10 Filing - Original
A. Total Contributions from Small Contributors-Received this Period ONLY	For Nonparticipating Candidates ONLY \$220.00
B. Itemized Contributions from Individuals	

Last Name Harris	First Harold	MI	Contribution ID # 0011
Residential Street Address 101 Laural Trl	City Glastonbury	State CT	Zip Code 06033
Principal Occupation Director & Chief Engineer	Name of Employer Plastics and Concepts of Connecticut, Inc.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/12/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Arguimbau	First Vincent	MI	Contribution ID # 0012
Residential Street Address 69 Salem Straits	City Darien	State CT	Zip Code 06820
Principal Occupation Marketing	Name of Employer V A Market LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 07/20/2018	Aggregate Contributions \$2,500.00
		Amount of Contribution \$2,500.00	

Last Name levny	First Wal	MI K	Contribution ID # 0015
Residential Street Address 43 Holcomb Ave	City Stamford	State CT	Zip Code 06906
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 07/26/2018	Aggregate Contributions \$200.00
		Amount of Contribution \$200.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rod for CT Gov	October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Anelli	First David	MI	Contribution ID # 0016
Residential Street Address 7321 Ashlar Vlg	City Wallingford	State CT	Zip Code 06492-3098
Principal Occupation retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/13/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Folsom	First Mark	MI	Contribution ID # 0017
Residential Street Address 73 High Vw	City Somers	State CT	Zip Code 06071
Principal Occupation President	Name of Employer Self employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/17/2018	Aggregate Contributions \$1,000.00
		Amount of Contribution \$1,000.00	

Last Name Nathanson	First Gary	MI	Contribution ID # 0018
Residential Street Address 14733 Vashon Hyw SW	City Vashon	State WA	Zip Code 98070-3527
Principal Occupation Attorney at Law	Name of Employer Self		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 08/22/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Total of Section B			\$4,000.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)			\$4,220.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rod for CT Gov	October 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			
City		State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Rod for CT Gov	October 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
Rod for CT Gov	October 10 Filing - Original

D. Loans Received this Period

Name of Lender	Source of Loan:				Date of Receipt
	Bank	Candidate	Individual	Other	
Street Address	City		State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Rod for CT Gov	October 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
Rod for CT Gov	October 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
Rod for CT Gov	October 10 Filing - Original

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

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

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Rod for CT Gov	October 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
Rod for CT Gov	October 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
Rod for CT Gov	October 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual				
Business Entity	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
Rod for CT Gov	October 10 Filing - Original

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host		Is this event supporting more than one candidate?	
		Yes	No
		If yes, complete Itemization in Addendum J4	
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rod for CT Gov	October 10 Filing - Original

K. In-Kind Contributions

Name			
Thibeault A Jeffrey			
Street Address	City	State	Zip Code
310 Plymouth Colony	Branford	CT	06405
Is this contribution associated with an event reported in Section J1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of In-Kind Contribution	
If yes, list Event#		Website hosting	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative
Type of Contributor:	Date Received	Aggregate contributions	Fair Market Value of this Contribution
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship	07/01/2018	\$3,150.00	\$1,500.00

Total of Section K**\$1,500.00**

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rod for CT Gov	October 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	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rod for CT Gov	October 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	
Stripe	09/27/2018	<input type="checkbox"/> Check #	<input type="checkbox"/> Debit Card
		<input checked="" type="checkbox"/> EFT	
Street Address	City	State	Zip Code
185 Berry St Ste 550	San Francisco	CA	94107
Purpose of Expend	Description	Amount	
BNK	Online donor fees		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$145.10
Total of Section N			\$145.10

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
	October 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	
Purpose of Expenditure (by code)	Description			Event #		Amount

Total of Section O

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rod for CT Gov	October 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Liberty Bank	Type of Credit Card: <input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor Sylva Media	Date of Transaction 07/12/2018
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Street Address 3 Rawlins Brook Rd	City Suffield	State CT	Zip Code 06078
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Purpose of Expenditure (by code) A-WEB	Description Web Hosting	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	\$500.00
If yes, assign an Expenditure # and complete Itemization in Addendum		

Name of Issuing Institution liberty bank	Type of Credit Card: <input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor Verizon Wireless	Date of Transaction 07/31/2018
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Street Address 2919 Main St	City Glastonbury	State CT	Zip Code 06033
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Purpose of Expenditure (by code) OFFICE	Description Phone Service	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	\$223.14
If yes, assign an Expenditure # and complete Itemization in Addendum		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rod for CT Gov	October 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution liberty bank	Type of Credit Card: <input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor Lierty Screen Printing	Date of Transaction 08/13/2018
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Street Address 141 S Main St	City Beacon Falls	State CT	Zip Code 06403
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Purpose of Expenditure (by code) A-SIGN	Description Signs	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum		\$651.48

Name of Issuing Institution Liberty Bank	Type of Credit Card: <input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor tabbycat Studios	Date of Transaction 08/26/2018
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Street Address 310 Plymouth Colony	City Branford	State CT	Zip Code 06405
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Purpose of Expenditure (by code) A-ATM	Description Phone Calls	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum		\$320.77

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rod for CT Gov	October 10 Filing - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Liberty Bank		Type of Credit Card: <input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Sylvian Media			Date of Transaction 09/01/2018
Street Address 3 Rawlins Brook Rd		City Suffield	State CT
		Zip Code 06078	
Purpose of Expenditure (by code) A-WEB	Description You Tube	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$474.00

Name of Issuing Institution Liberty Bank		Type of Credit Card: <input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor Robo Cent			Date of Transaction 09/28/2018
Street Address 2129 General Booth Blvd		City Verginia Beach	State VA
		Zip Code 23454-5803	
Purpose of Expenditure (by code) A-ATM	Description Text Mesage	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and complete Itemization in Addendum			\$1,660.72

Total of Section P**\$3,830.11**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rod for CT Gov	October 10 Filing - Original

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

Name of Creditor Sylva Media		Date Incurred 09/27/2018	
Street Address 3 Rawlins Brook Rd		City Suffield	State CT
		Zip Code 06078	
Purpose of Expenditure (bv code) A-WEB	Description Web Hosting	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$99.00

Total of Section Q		\$99.00
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rod for CT Gov	October 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: 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
Rod for CT Gov	October 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