



**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
<b>Friends of James Maroney</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First <b>Paul</b>		MI	Last <b>Davis</b>			Suffix	
4. TREASURER ADDRESS							
Street Address <b>335 Smith Farm Rd</b>			City <b>Orange</b>		State <b>CT</b>	Zip Code <b>06477</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( Complete only if Candidate Committee)				7. DISTRICT NUMBER ( if applicable)	
<b>11/06/2018</b>		<b>State Senator</b>				<b>S014</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First <b>James</b>		MI <b>J</b>	Last <b>Maroney</b>			Suffix	
9. TYPE OF REPORT							
<b>October 10 Filing - Original</b>							
10. PERIOD COVERED							
		Beginning Date		Ending Date			
		<b>07/01/2018</b>		thru		<b>09/30/2018</b>	
11. CERTIFICATION							
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.							
<b>Electronic Filing</b>		<b>Paul Davis</b>			<b>10/05/2018 3:13:37PM</b>		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></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	
<b>Friends of James Maroney</b>	October 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$40,259.42</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$17,498.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$66,997.00</b>	<b>\$95,710.04</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$66,997.00</b>	<b>\$113,208.04</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$107,256.42</b>	<b>\$113,208.04</b>
20. Expenses Paid by Committee (Section N)	<b>\$46,022.54</b>	<b>\$51,974.16</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$61,233.88</b>	<b>\$61,233.88</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$425.00</b>	<b>\$425.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Friends of James Maroney		October 10 Filing - Original	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>			For Nonparticipating Candidates ONLY
<b>B. Itemized Contributions from Individuals</b>			

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 #					

<b>Total of Section B</b>				
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (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	
Friends of James Maroney				October 10 Filing - Original	
<b>C1. Contributions from Other Committees</b>					
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	
<b>Total of Section C1</b>					

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

NAME OF COMMITTEE				TYPE OF REPORT	
Friends of James Maroney				October 10 Filing - Original	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
<b>Total of Section C2</b>					

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

NAME OF COMMITTEE				TYPE OF REPORT	
Friends of James Maroney				October 10 Filing - Original	
<b>D. Loans Received this Period</b>					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?  Yes      No
Name of Cosigner/Guarantor (if applicable)					
Street Address		City	State	Zip Code	<b>Amount Received</b>
<b>Total of Section D</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Friends of James Maroney	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	
<b>Total of Section E</b>		

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original

**G. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount
Street Address	City	State
		Zip Code
<b>Total of Section G</b>		

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

NAME OF COMMITTEE	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Special Election	07/23/2018	\$66,997.00
<b>Total of Section H</b>			<b>\$66,997.00</b>

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE	TYPE OF REPORT			
Friends of James Maroney	October 10 Filing - Original			
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name	Date of Transaction	Amount Received		
Street Address	City		State	Zip Code
Description				
<b>Total of Section I</b>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original

### J1. Event Information

Event # Date of Event 08/12/2018	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: Street Address 18 Eighth Ave		City Milford	State CT
Zip Code 06460			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> 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.
		<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input type="checkbox"/> No	\$0.00

Event # Date of Event 09/16/2018	Letter A	Description Meet and Greet Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Location: Street Address 831 Walnut Hill Rd		City Orange	State CT
Zip Code 06477			
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> 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.
		<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		<input type="checkbox"/> 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?		<input type="checkbox"/> Yes	(If yes, enter Total Receipts here.)
		<input type="checkbox"/> No	\$0.00

**Total of Section J1**

**\$0.00**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original

**J3. In-Kind Donations Not Considered Contributions**

Name of the Donor

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

<b>Total of Section J3</b>	
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**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original

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

Name of Host Una Petroske		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 18 Eighth Ave	City Milford	State CT	Zip Code 06460
Description of Donation Food and Beverages			Fair Market Value of Donation
Event # 08122018A	Aggregate value of this Event - all hosts \$175.00	Aggregate value of all Events - this host/candidate \$175.00	\$175.00

Name of Host John and Tara Maroney		Is this event supporting more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Itemization in Addendum J4	
Street Address 831 Walnut Hill Rd	City Orange	State CT	Zip Code 06477
Description of Donation Food and Beverages			Fair Market Value of Donation
Event # 09162018A	Aggregate value of this Event - all hosts \$250.00	Aggregate value of all Events - this host/candidate \$250.00	\$250.00

<b>Total of Section J4</b>	<b>\$425.00</b>
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**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 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:	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions
Individual      Committee      Sole Proprietorship			
		Executive	Legislative

**Total of Section K**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	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
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
Friends of James Maroney	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Bergmann Zwerdling Direct		Date of Payment 07/03/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>106</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1350 Connecticut Ave NW # 400		City Washington	State DC	Zip Code 20036
Purpose of Expend A-OTH	Description Walk Cards			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 #
				\$1,324.00

Name of Payee NGP VAN, Inc.		Date of Payment 07/24/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 48 Grove St Ste 202		City Somerville	State MA	Zip Code 02144
Purpose of Expend A-PH-BNK	Description Robo Calls			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 #
				\$50.00

Name of Payee Brandon Hayden		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>107</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 38 Mountainside Rd		City Monroe	State CT	Zip Code 06468
Purpose of Expend WAGE	Description Field Director			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 #
				\$1,375.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Captain Realty - 200		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>108</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 200 Captain Thomas Blvd		City West Haven	State CT	Zip Code 06516
Purpose of Expend OVHD	Description Rent- West Haven Headquarters			Amount  \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Ardmore		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>110</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 455 Yellow Brick Rd		City Orange	State CT	Zip Code 06477
Purpose of Expend A-OTH	Description Tee Shirts			Amount  \$458.87
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 USPS		Date of Payment 08/02/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 W River St		City Milford	State CT	Zip Code 06460
Purpose of Expend POST	Description Postcard Stamps			Amount  \$1,050.00
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
Friends of James Maroney	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Elvin Web Marketing		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>109</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 256 Anderson Ave		City Milford	State CT	Zip Code 06460
Purpose of Expend WEB	Description Website Services			Amount  \$210.00
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 Bergmann Zwerdling Direct		Date of Payment 08/09/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>111</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1350 Connecticut Ave NW # 400		City Washington	State DC	Zip Code 20036
Purpose of Expend A-OTH	Description "Missed You" and "Meet You" Cards			Amount  \$1,619.72
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 Brandon Hayden		Date of Payment 08/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>112</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 38 Mountainside Rd		City Monroe	State CT	Zip Code 06468
Purpose of Expend WAGE	Description Field Director Services			Amount  \$1,375.00
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 #	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee <b>Staples</b>		Date of Payment <b>08/22/2018</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>1371 Boston Rd</b>		City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06460</b>
Purpose of Expend <b>OFFICE</b>	Description <b>Envelopes and Address Labels</b>			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 #
				<b>\$83.97</b>

Name of Payee <b>Ardmore</b>		Date of Payment <b>08/24/2018</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>113</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>455 Yellow Brick Rd</b>		City <b>Orange</b>	State <b>CT</b>	Zip Code <b>06477</b>
Purpose of Expend <b>A-SIGN</b>	Description <b>Lawn Signs</b>			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 #
				<b>\$2,159.44</b>

Name of Payee <b>Brandon Hayden</b>		Date of Payment <b>08/25/2018</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>114</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>38 Mountainside Rd</b>		City <b>Monroe</b>	State <b>CT</b>	Zip Code <b>06468</b>
Purpose of Expend <b>WAGE</b>	Description <b>Field Director Services</b>			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 #
				<b>\$1,375.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Shop Rite	Date of Payment 08/25/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 935 Boston Post Rd	City Milford	State CT	Zip Code 06460
Purpose of Expend FOOD	Description Food for Volunteers	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 #
			\$52.38

Name of Payee Staples	Date of Payment 08/29/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1371 Boston Rd	City Milford	State CT	Zip Code 06460
Purpose of Expend OFFICE	Description Printer Cartridge and Address Labels	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 #
			\$98.87

Name of Payee USPS	Date of Payment 08/29/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 300 Pepes Farm Rd	City Milford	State CT	Zip Code 06460
Purpose of Expend POST	Description Postcard Stamps	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 #
			\$700.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Lorenzo's		Date of Payment 09/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 39 Elm St		City West Haven	State CT	Zip Code 06516
Purpose of Expend FOOD	Description Food - West Haven Headquarters Grand opening			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 #
				\$50.00

Name of Payee Brandon Hayden		Date of Payment 09/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 38 Mountainside Rd		City Monroe	State CT	Zip Code 06468
Purpose of Expend WAGE	Description Field Director 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 #
				\$1,375.00

Name of Payee NGP VAN, Inc.		Date of Payment 09/12/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 48 Grove St Ste 202		City Somerville	State MA	Zip Code 02144
Purpose of Expend A-PH-BNK	Description Robocalls			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 #
				\$40.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee The Milford Bank		Date of Payment 09/12/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 33 Broad St		City Milford	State CT	Zip Code 06460
Purpose of Expend BNK	Description Wire Transfer 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 #
				\$25.00

Name of Payee dspolitical		Date of Payment 09/12/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1250 H St NW Ste 200		City Washington	State DC	Zip Code 20005
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 type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$8,210.27

Name of Payee The United Illuminating Company		Date of Payment 09/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>117</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 157 Church St		City New Haven	State CT	Zip Code 06510
Purpose of Expend OVHD	Description Electric Bill - West Haven Headquarters			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 #
				\$62.04

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee USPS		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 W River St		City Milford	State CT	Zip Code 06460
Purpose of Expend POST	Description Postcard Stamps			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 #	\$350.00

Name of Payee Greenberg Quinlan Rosner		Date of Payment 09/21/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>118</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1101 15th St NW Ste 900		City Washington	State DC	Zip Code 20005
Purpose of Expend POLLS	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 #	\$6,450.00

Name of Payee Stop and Shop		Date of Payment 09/22/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 855 Bridgeport Ave		City Milford	State CT	Zip Code 06460
Purpose of Expend FOOD	Description Food for Volunteers after Canvassing			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 #	\$108.18

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Bergmann Zwerdling Direct		Date of Payment 09/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>119</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1350 Connecticut Ave NW # 400		City Washington	State DC	Zip Code 20036
Purpose of Expend A-DM	Description Direct Mail Design			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 #
				\$365.90

Name of Payee Brandon Hayden		Date of Payment 09/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>120</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 38 Mountainside Rd		City Monroe	State CT	Zip Code 06468
Purpose of Expend WAGE	Description Field Director 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 #
				\$1,375.00

Name of Payee dspolitical		Date of Payment 09/26/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1250 H St NW Ste 200		City Washington	State DC	Zip Code 20005
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 #
				\$5,082.55

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee The Milford Bank	Date of Payment 09/26/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 33 Broad St	City Milford	State CT	Zip Code 06460
Purpose of Expend BNK	Description Wire Transfer 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 # \$25.00

Name of Payee Bergmann Zwerdling Direct	Date of Payment 09/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>121</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1350 Connecticut Ave NW # 400	City Washington	State DC	Zip Code 20036
Purpose of Expend A-DM	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 # \$10,071.35

**Total of Section N****\$46,022.54**

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
Friends of James Maroney						October 10 Filing - Original	
<b>P. Expenses Incurred on Committee Credit Card</b>							
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					<b>Amount</b>	
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							
<b>Total of Section P</b>							

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	October 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			

<b>Total of Section Q</b>	
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**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of James Maroney	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
Friends of James Maroney	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**

<b>Section J4. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b>	
<b>Event #</b>	
Name of Candidate	

<b>Section N. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>N. Expenses Paid By Committee - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

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



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

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