



**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Re-elect Senator Henri Martin				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First <b>Morgan</b>		MI <b>A</b>	Last <b>Murphy</b>			Suffix	
4. TREASURER ADDRESS							
Street Address <b>110 Rosewood Dr</b>			City <b>Bristol</b>		State <b>CT</b>	Zip Code <b>06010</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>S031</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First <b>Henri</b>		MI <b>R</b>	Last <b>Martin</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>Morgan Murphy</b>			<b>10/10/2018 8:04:01PM</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>Re-elect Senator Henri Martin</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>\$3,761.75</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$16,631.00</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>\$96,276.18</b>	<b>\$96,276.20</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>\$96,276.18</b>	<b>\$112,907.20</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$100,037.93</b>	<b>\$112,907.20</b>
20. Expenses Paid by Committee (Section N)	<b>\$42,634.46</b>	<b>\$55,503.73</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$57,403.47</b>	<b>\$57,403.47</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>\$0.00</b>	<b>\$0.00</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>\$10,499.34</b>	<b>\$11,446.06</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>\$210.34</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$210.34</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Re-elect Senator Henri Martin		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	
Re-elect Senator Henri Martin				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	
Re-elect Senator Henri Martin				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	
Re-elect Senator Henri Martin				October 10 Filing - Original	
<b>D. Loans Received this Period</b>					
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)					<b>Amount Received</b>
Street Address		City	State	Zip Code	
<b>Total of Section D</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Re-elect Senator Henri Martin	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
Re-elect Senator Henri Martin	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
Re-elect Senator Henri Martin	October 10 Filing - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Special Election	07/05/2018	\$28,713.00

Purpose of Grant:	Grant Cycle:	Date Received	Amount
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	<input 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>\$95,710.00</b>
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**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original

**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received	
Premier Graphics LLC	07/24/2018		
Street Address	City	State	Zip Code
860 Honeyspot Rd	Stratford	CT	06615-7159
Description			\$566.18
Overpayment for services			
<b>Total of Section I</b>			<b>\$566.18</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - 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		
<b>Subpart 1:</b>	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		
<b>Total of Section J1</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>J3. In-Kind Donations Not Considered Contributions</b>	

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual	Date Received	Event #	Aggregate value for this event	
Business Entity				
Sole Proprietorship				
<b>Total of Section J3</b>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>J4. In-Kind Donations Not Considered Contributions Associated with a House Party</b>	

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	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	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
Re-elect Senator Henri Martin	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
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Terryville Lions Country Fair		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>128</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 171 Town Hill Rd		City Terryville	State CT	Zip Code 06786
Purpose of Expend Misc *	Description Terryville Fair booth space			Amount  \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee French Businessmen Association		Date of Payment 07/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>129</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 1595		City Bristol	State CT	Zip Code 06011
Purpose of Expend A-OTH	Description Golf tournament tee box sign w/ad in book			Amount  \$125.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Crestline		Date of Payment 07/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 2027		City Lewiston	State ME	Zip Code 04241
Purpose of Expend A-OTH	Description campaign giveaways			Amount  \$2,907.22
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input 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
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee four(4) imprint		Date of Payment 07/16/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 101 Commerce St , PO Box 320		City Oshkosh	State WI	Zip Code 54901
Purpose of Expend A-OTH	Description campaign giveaways for parades, door knocking			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 #
				\$1,309.34

Name of Payee Bristol Sports Hall of Fame		Date of Payment 07/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>130</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 2954		City Bristol	State CT	Zip Code 06011
Purpose of Expend A-OTH	Description golf tournament tee sign			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 #
				\$200.00

Name of Payee Samantha Geis		Date of Payment 07/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>131</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 385 Camp St		City Bristol	State CT	Zip Code 06010
Purpose of Expend Misc *	Description pictures for mailer			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 #
				\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Tanju Gursoy LLC		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 170 Riverside Ave		City Bristol	State CT	Zip Code 06010
Purpose of Expend FOOD	Description breakfast for campaign meeting			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$41.94

Name of Payee Henri Martin		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>132</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Ipswitch Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend RMB	Description Premier Invoices for mailer & palm card			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,507.50

Name of Payee Morgan Murphy		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>133</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 110 Rosewood Dr		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		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
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Kirsten Girouard		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>134</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Winding Brook Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,500.00

Name of Payee Mpression Marketing Group		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>135</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend PRNT	Description mailers/palm cards/billboard layouts			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$350.00

Name of Payee Luigi Darragjati		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>136</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 197 Beths Ave		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description 3 hours door knocking \$10/hr			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$30.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Zachary Hamzy		Date of Payment 08/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>137</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Minor Rd		City Terryville	State CT	Zip Code 06786
Purpose of Expend WAGE	Description 3 hours door knocking \$10/hour			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 #
				\$30.00

Name of Payee Capitol Promotions		Date of Payment 08/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>138</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 231		City Glenside	State PA	Zip Code 19038-8890
Purpose of Expend A-SIGN	Description signs and buttons			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 #
				\$5,258.50

Name of Payee Mpression Marketing Group		Date of Payment 08/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>139</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-OTH	Description mailers/palm cards/billboard layouts			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 #
				\$106.25

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Ed Beardsley Little League Golf		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>140</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 131 N Main St		City Bristol	State CT	Zip Code 06010
Purpose of Expend A-OTH	Description Bristol Police tee sponsor			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00

Name of Payee Rotary Golf Tournament		Date of Payment 08/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>141</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 220		City Thomaston	State CT	Zip Code 06787-0220
Purpose of Expend A-OTH	Description Thomaston Rotary Club tee sponsor			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00

Name of Payee American Legion Post 2		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>142</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Hooker St		City Bristol	State CT	Zip Code 06010
Purpose of Expend A-OTH	Description golf tournament hole sponsor sign			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Outfront Media		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>143</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 355 Washington Ave .		City North Haven	State CT	Zip Code 06473
Purpose of Expend A-SIGN	Description Billboard w/Whit Betts			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$867.50

Name of Payee Hitchcock Printing		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>144</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expend PRNT	Description GOTV w/Cara Pavalock-D'Amato			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$86.14

Name of Payee United States Postal Service		Date of Payment 08/18/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 10 Library Pl		City Bethel	State CT	Zip Code 06801-9998
Purpose of Expend POST	Description 2 stamps			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee <b>Staples</b>		Date of Payment <b>08/18/2018</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>67 Newtown Rd</b>		City <b>Danbury</b>	State <b>CT</b>	Zip Code <b>06810</b>
Purpose of Expend <b>OFFICE</b>	Description <b>photocopies</b>			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	<b>\$0.23</b>

Name of Payee <b>Nuchie's</b>		Date of Payment <b>08/28/2018</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>145</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>164 Central St</b>		City <b>Bristol</b>	State <b>CT</b>	Zip Code <b>06010</b>
Purpose of Expend <b>FOOD</b>	Description <b>Election Night event</b>			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	<b>\$250.00</b>

Name of Payee <b>Outfront Media</b>		Date of Payment <b>08/29/2018</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>146</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>355 Washington Ave .</b>		City <b>North Haven</b>	State <b>CT</b>	Zip Code <b>06473</b>
Purpose of Expend <b>A-SIGN</b>	Description <b>Billboard w/Whit Betts</b>			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	<b>\$37.50</b>



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee MazzMedia, LLC		Date of Payment 08/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>147</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Applegate Unit 11		City Southington	State CT	Zip Code 06489
Purpose of Expend Misc *	Description video production			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,997.50

Name of Payee Italian Social Club		Date of Payment 08/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>148</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 31 Barber St		City Bristol	State CT	Zip Code 06010
Purpose of Expend A-OTH	Description golf tournament hole sponsor			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$75.00

Name of Payee Bristol Boys and Girls Club, Inc.		Date of Payment 08/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>149</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 255 West St		City Bristol	State CT	Zip Code 06010
Purpose of Expend A-OTH	Description 34th Annual Humanitarian Dinner program ad			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$60.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Gnazzo's Food Center		Date of Payment 08/30/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 72 East St		City Plainville	State CT	Zip Code 06062
Purpose of Expend A-OTH	Description O'Henry candy bars for campaign giveaways			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$490.00

Name of Payee Joe Hoxha		Date of Payment 09/01/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>151</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 85 Kenney St		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$600.00

Name of Payee AnyPromo Inc.		Date of Payment 09/10/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1511 E Holt Blvd		City Ontario	State CA	Zip Code 91761
Purpose of Expend A-OTH	Description giveaways			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$457.97

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/18/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-NEWS	Description GOTV Plymouth Connection ad layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10.63

Name of Payee Record-Journal Publishing Co.		Date of Payment 09/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>153</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 500 South Rd		City Wallingford	State CT	Zip Code 06492
Purpose of Expend A-NEWS	Description Plainville Citizen ads on 10/26 and 11/2			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$300.00

Name of Payee Capitol Promotions		Date of Payment 09/18/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>155</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 231		City Glenside	State PA	Zip Code 19038-8890
Purpose of Expend A-SIGN	Description 18 x 24 lawn signs			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$255.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description mailer w/DR layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$85.00

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-SIGN	Description GOTV group billboard layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$8.50

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-SIGN	Description GOTV billboard w/WB layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$21.25

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-SIGN	Description GOTV billboard w/DR layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$21.25

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-SIGN	Description GOTV billboard w/Petit layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$21.25

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-SIGN	Description GOTV billboard w/CPD layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$21.25

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description GOTV group mailer			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$12.75

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description GOTV mailer w/Piscopo layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$31.88

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description GOTV mailer w/WB layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$31.88

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description GOTV mailer w/DR layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$31.88

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description GOTV mailer w/Petit layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$31.88

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description GOTV mailer w/CPD layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$31.88

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description Broken CT w/Piscopo layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$42.50

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description Broken CT w/CPD layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$42.50

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description Broken CT w/WB layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$42.50



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description Broken CT w/DR layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$42.50

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description Broken CT layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$85.00

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-NEWS	Description Bristol Press ad layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$63.75

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-NEWS	Description Plainville Observer banner ad w/Petit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$6.38

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-NEWS	Description Mum festival ad w/DR layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$6.38

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-NEWS	Description Plainville Citizen ad w/Petit layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10.63

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-NEWS	Description Hometown Connection ad w/Petit layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10.63

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description accomplishments mailer design			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$352.75

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-SIGN	Description GOTV billboard w/WB layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$55.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-SIGN	Description 18 x 24 sign w/Piscopo design			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$12.49

Name of Payee AMERICAN REPUBLIC		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 213 Spring St		City Southington	State CT	Zip Code 06489
Purpose of Expend A-NEWS	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$125.00

Name of Payee Anne Gallagher		Date of Payment 09/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>156</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Spruce Glen Ter		City Wallingford	State CT	Zip Code 06492
Purpose of Expend RMB	Description printing of palm cards w/Petit			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$76.32

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Step Saver		Date of Payment 09/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>157</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 213 Spring St		City Southington	State CT	Zip Code 06489
Purpose of Expend A-NEWS	Description Bristol Observer ads on 10/26 and 11/02			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$262.10

Name of Payee Courtney Perchiano		Date of Payment 09/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>158</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 125 Greene St		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description wages 9/17-9/20			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.00

Name of Payee CompuMail		Date of Payment 09/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>159</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 298 Captain Lewis Dr		City Southington	State CT	Zip Code 06489
Purpose of Expend POST	Description postage for mailer w/DR			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$625.01

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Henri Martin		Date of Payment 09/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>160</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Ipswitch Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend RMB	Description A.C.Moore: parade bags/baskets to hold giveaways			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$40.14

Name of Payee Kirsten Girouard		Date of Payment 09/20/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>161</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 6 Winding Brook Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description 4 hours of wages \$10/hr			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$40.00

Name of Payee Hitchcock Printing		Date of Payment 09/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>162</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expend PRNT	Description pets mailer w/CPD			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$49.95

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee US Postmasters		Date of Payment 09/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>163</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 135 Chestnut St		City New Britain	State CT	Zip Code 06050
Purpose of Expend POST	Description pets mailer w/CPD postage			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 #
				\$106.88

Name of Payee Hitchcock Printing		Date of Payment 09/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>164</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expend PRNT	Description Veterans mailer w/CPD			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 #
				\$67.97

Name of Payee US Postmasters		Date of Payment 09/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>165</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 135 Chestnut St		City New Britain	State CT	Zip Code 06050
Purpose of Expend POST	Description Veterans mailer w/CPD postage			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 #
				\$145.25

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Joe Hoxha		Date of Payment 09/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>166</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 85 Kenney St		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description wages for October			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$600.00

Name of Payee Spectrum Marketing Companies		Date of Payment 09/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>167</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 95 Eddy Rd Ste 101		City Manchester	State NH	Zip Code 03102
Purpose of Expend A-WEB	Description digital ads			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4,963.25

Name of Payee Central CT Communications, LLC		Date of Payment 09/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>168</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 1090		City New Britain	State CT	Zip Code 06050
Purpose of Expend A-NEWS	Description Bristol Press ad			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$439.81



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee CompuMail		Date of Payment 09/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>169</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 298 Captain Lewis Dr		City Southington	State CT	Zip Code 06489
Purpose of Expend PRNT	Description post card w/DR printing			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.88

Name of Payee Walmart		Date of Payment 09/25/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1400 Farmington Ave		City Bristol	State CT	Zip Code 06010
Purpose of Expend OFFICE	Description printer ink			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$18.05

Name of Payee Henri Martin		Date of Payment 09/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>170</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Ipswitch Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend RMB	Description Ocean State Job Lob sign materials			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.77

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Exper-Tees		Date of Payment 09/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>171</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 61 East St		City Forestville	State CT	Zip Code 06010
Purpose of Expend A-OTH	Description campaign shirts, hats			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 #
				\$1,645.75

Name of Payee AMERICAN REPUBLIC		Date of Payment 09/27/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 213 Spring St		City Southington	State CT	Zip Code 06489
Purpose of Expend A-NEWS	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 #
				\$131.05

Name of Payee AMERICAN REPUBLIC		Date of Payment 09/27/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 213 Spring St		City Southington	State CT	Zip Code 06489
Purpose of Expend A-NEWS	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 #
				\$131.05

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee AMERICAN REPUBLIC		Date of Payment 09/27/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 213 Spring St		City Southington	State CT	Zip Code 06489
Purpose of Expend A-NEWS	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$125.00

Name of Payee AMERICAN REPUBLIC		Date of Payment 09/27/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 213 Spring St		City Southington	State CT	Zip Code 06489
Purpose of Expend A-NEWS	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$125.00

Name of Payee Hitchcock Printing		Date of Payment 09/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>184</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expend PRNT	Description Vets mailer w/WB			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$51.71

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Steven Jacaruso		Date of Payment 09/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>172</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 173 Hard Hill Rd S		City Bethlehem	State CT	Zip Code 06751
Purpose of Expend A-DM	Description pets and vets mailers w/CPD designs			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 #
				\$200.00

Name of Payee Clayton Caggiano		Date of Payment 09/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>173</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 27 Cricket Hill Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description wages for 9/10-9/16 \$10/hr, 6 hours			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 #
				\$60.00

Name of Payee Zachary Hamzy		Date of Payment 09/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>174</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Minor Rd		City Terryville	State CT	Zip Code 06786
Purpose of Expend WAGE	Description wages for 9/10-9/16 \$10/hr, 4 hours			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 #
				\$40.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Robert Norris		Date of Payment 09/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>175</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Ben Ct		City Plainville	State CT	Zip Code 06062
Purpose of Expend WAGE	Description wages for 9/10-9/16 \$10/hr, 5 hours			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00

Name of Payee Courtney Perchiano		Date of Payment 09/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>176</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 125 Greene St		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description wages for 9/24 \$10/hr, 3.5 hours			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$35.00

Name of Payee Delaney Caggiano		Date of Payment 09/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>177</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 27 Cricket Hill Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description wages for 9/10-9/16 \$10/hr, 1 hour			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Connor Stifel		Date of Payment 09/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>178</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Blossom Way		City Southington	State CT	Zip Code 06489
Purpose of Expend WAGE	Description wages for 9/10-9/16 \$10/hr, 3 hours			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$30.00

Name of Payee Anne Gallagher		Date of Payment 09/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>179</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 18 Spruce Glen Ter		City Wallingford	State CT	Zip Code 06492
Purpose of Expend RMB	Description food			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.08

Name of Payee Ink Spot of Thomaston		Date of Payment 09/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>181</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 288 S Main St		City Thomaston	State CT	Zip Code 06787
Purpose of Expend PRNT	Description door cards and post cards			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$319.05

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Robert Miller		Date of Payment 09/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>182</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 11 Maple St		City Thomaston	State CT	Zip Code 06787
Purpose of Expend OVHD	Description office rent in Thomaston			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$300.00

Name of Payee Henri Martin		Date of Payment 09/28/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>183</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Ipswitch Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend RMB	Description Premier, pizza, big lots			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$8,141.18

Name of Payee Henri Martin		Date of Payment 09/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>188</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Ipswitch Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend RMB	Description sign materials			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$165.93

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Gregory Showers		Date of Payment 09/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>185</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Orchard St		City Plymouth	State CT	Zip Code 06786
Purpose of Expend RMB	Description sign materials			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$37.76

Name of Payee Gregory Showers		Date of Payment 09/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>186</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Orchard St		City Plymouth	State CT	Zip Code 06786
Purpose of Expend WAGE	Description wages \$10/hour, 11.75 hours 8/23 to 9/12			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 #
				\$117.50

Name of Payee Henri Martin		Date of Payment 09/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>189</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Ipswitch Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend RMB	Description food			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 #
				\$184.00



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description Vets mailer w/WB layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$31.88

Name of Payee Mpression Marketing Group		Date of Payment 09/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-NEWS	Description Bristol observer ad design w/Bristol delegation			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$21.25

Name of Payee Mpression Marketing Group		Date of Payment 09/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-SIGN	Description billboard w/Petit layout			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$21.25

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-NEWS	Description Watertown Times ad layout w/Piscopo			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$42.50

Name of Payee Mpression Marketing Group		Date of Payment 09/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description GOTV w/DR mailer design			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$63.75

Name of Payee Mpression Marketing Group		Date of Payment 09/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description mailer design			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$42.50

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description mailer w/WB design			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$21.25

Name of Payee Mpression Marketing Group		Date of Payment 09/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description mailer w/Petit design			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$21.25

Name of Payee Mpression Marketing Group		Date of Payment 09/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description mailer w/Piscopo			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$21.25

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Mpression Marketing Group		Date of Payment 09/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description GOTV mailer w/Petit design			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$63.75

Name of Payee Mpression Marketing Group		Date of Payment 09/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-DM	Description GOTV mailer w/WB design			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$63.75

Name of Payee US Postmasters		Date of Payment 09/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>191</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 135 Chestnut St		City New Britain	State CT	Zip Code 06050
Purpose of Expend POST	Description Vets mailer w/WB postage			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$111.94

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Lauren Dudzinski		Date of Payment 09/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>192</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 Regency Ct		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description wages 9/25			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 #
				\$10.00

Name of Payee Nicole Nogiec		Date of Payment 09/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>193</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 105 Delmar Dr		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description wages 9/25			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 #
				\$10.00

Name of Payee Henri Martin		Date of Payment 09/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>190</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Ipswitch Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend RMB	Description campaign shirts			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 #
				\$359.82

**Total of Section N**

**\$42,634.46**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	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?	
Premier Graphics				06/26/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code		<b>Amount</b>
860 Honeyspot Rd		Stratford		CT	06615-7159		
Purpose of Expenditure (by code)	Description			Event #			
A-DM	mailer w/DR including postage					\$1,224.41	
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Premier Graphics				06/26/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code		<b>Amount</b>
860 Honeyspot Rd		Stratford		CT	06615-7159		
Purpose of Expenditure (by code)	Description			Event #			
PRNT	palm card w/DR					\$283.09	
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Lowe's				08/16/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code		<b>Amount</b>
246 New Britain Ave		Plainville		CT	06062		
Purpose of Expenditure (by code)	Description			Event #			
A-SIGN	sign materials					\$77.93	
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Dick's Sporting Goods				08/16/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code		<b>Amount</b>
280 New Britain Ave		Plainville		CT	06062		
Purpose of Expenditure (by code)	Description			Event #			
A-SIGN	sign materials					\$42.00	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	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?
Ocean State Job Lot		09/03/2018	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
683 Farmington Ave	Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
A-SIGN	sign materials		
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?
Duperre Co.		09/12/2018	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
139 Center St	Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
A-SIGN	sign materials		
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?
A.C.Moore		09/17/2018	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
284 New Britain Ave	Plainville	CT	06062
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
Misc *	parade bags/baskets to hold giveaways		
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed?
Big Lots!		09/22/2018	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code
1235 Farmington Ave	Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>
A-OTH	candy for mum festival giveaways		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	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?
Premier Graphics			09/22/2018	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code	<b>Amount</b>  \$7,490.08
860 Honeyspot Rd	Stratford	CT	06615-7159	
Purpose of Expenditure (by code)	Description	Event #		
A-WEB	digital advertising			
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment	Is Reimbursement Claimed?
Crazy Bruce's			09/23/2018	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code	<b>Amount</b>  \$184.00
1224 Farmington Ave	Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #		
FOOD				
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment	Is Reimbursement Claimed?
Peoples Choice			09/23/2018	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code	<b>Amount</b>  \$55.92
170 Riverside Ave	Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #		
FOOD				
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment	Is Reimbursement Claimed?
Peoples Choice			09/23/2018	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	City	State	Zip Code	<b>Amount</b>  \$205.85
170 Riverside Ave	Bristol	CT	06010	
Purpose of Expenditure (by code)	Description	Event #		
FOOD				



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Re-elect Senator Henri Martin				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?
GH Bass Lee			09/30/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code	
550 Premium Outlet Blvd		Lee	MA	01238	
Purpose of Expenditure (by code)	Description		Event #		<b>Amount</b>  \$359.82
A-OTH	shirts				
<b>Total of Section O</b>					<b>\$10,499.34</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Re-elect Senator Henri Martin				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		Event #		<b>Amount</b>
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					
<b>Total of Section P</b>					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original

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

Name of Creditor Gregory Showers		Date Incurred 09/02/2018	
Street Address 32 Orchard St		City Plymouth	State CT
		Zip Code 06786	
Purpose of Expenditure (by code)  RMB	Description  sign materials		Amount Incurred (Estimate or Actual)
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 completes Itemization in Addendum Q			\$0.34

Name of Creditor Robert Norris		Date Incurred 09/19/2018	
Street Address 32 Ben Ct		City Plainville	State CT
		Zip Code 06062	
Purpose of Expenditure (by code)  WAGE	Description		Amount Incurred (Estimate or Actual)
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 completes Itemization in Addendum Q			\$100.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original

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

Name of Creditor Clayton Caggiano		Date Incurred 09/19/2018	
Street Address 27 Cricket Hill Rd	City Bristol	State CT	Zip Code 06010
Purpose of Expenditure (by code)  WAGE	Description		Amount Incurred (Estimate or Actual)
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 completes Itemization in Addendum Q			\$100.00

Name of Creditor Victoria Balboni		Date Incurred 09/25/2018	
Street Address 26 Benjamin St	City Bristol	State CT	Zip Code 06010
Purpose of Expenditure (by code)  WAGE	Description		Amount Incurred (Estimate or Actual)
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 completes Itemization in Addendum Q			\$10.00

**Total of Section Q**

**\$210.34**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	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:
Gallagher	Anne		08/24/2018	<input checked="" type="checkbox"/> Check # 156 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Staples

Street Address of Vendor	City	State	Zip Code
1145 N Colony Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description
PRNT	palm cards

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$76.32

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Showers	Gregory		09/02/2018	<input checked="" type="checkbox"/> Check # 185 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
The Home Depot

Street Address of Vendor	City	State	Zip Code
1816 Meriden-Waterbury Tpke	Southington	CT	06489

Purpose of Expenditure (by code)	Description
A-SIGN	sign materials

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$5.31

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	October 10 Filing - Original

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Showers	First Gregory	MI	Date of Payment to Vendor 09/12/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 185 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

The Home Depot

Street Address of Vendor 1149 Farmington Ave	City Bristol	State CT	Zip Code 06010
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Purpose of Expenditure (by code) A-SIGN	Description sign materials
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$32.79
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Gallagher	First Anne	MI	Date of Payment to Vendor 09/28/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 179 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Dunkin' Donuts

Street Address of Vendor 535 Watertown Ave	City Waterbury	State CT	Zip Code 06708
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Purpose of Expenditure (by code) FOOD	Description
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$50.08
If yes, assign an Expenditure # and completes Itemization in Addendum R			

**Total of Section R**

**\$164.50**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	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				
<b>Total of Section S</b>				

#### Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

#### J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

<b>Event #</b>	
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

<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