



**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
<b>Elect Wendy</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First <b>Kenneth</b>		MI <b>R</b>	Last <b>Cook</b>			Suffix	
4. TREASURER ADDRESS							
Street Address <b>329 Schraffts Dr Apt 306</b>			City <b>Waterbury</b>		State <b>CT</b>	Zip Code <b>06705</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( Complete only if Candidate Committee)				7. DISTRICT NUMBER ( if applicable)	
<b>11/06/2018</b>		<b>State Representative</b>				<b>R074</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First <b>Wendy</b>		MI <b>M</b>	Last <b>Tyson-Wood</b>			Suffix	
9. TYPE OF REPORT							
<b>October 10 Filing - Original</b>							
10. PERIOD COVERED							
		Beginning Date		thru		Ending Date	
		<b>08/11/2018</b>				<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>Kenneth Cook</b>			<b>10/10/2018 11:11:50PM</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>Elect Wendy</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>\$1,297.09</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$5,270.43</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>\$28,104.57</b>	<b>\$28,104.57</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>\$28,104.57</b>	<b>\$33,375.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$29,401.66</b>	<b>\$33,375.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$15,405.18</b>	<b>\$19,378.52</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$13,996.48</b>	<b>\$13,996.48</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>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Elect Wendy		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) <i>(Total on Line 14, Column A of Summary Page)</i>				

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Elect Wendy	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
Elect Wendy	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
Elect Wendy	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	09/06/2018	\$28,104.57
<b>Total of Section H</b>			<b>\$28,104.57</b>

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

NAME OF COMMITTEE		TYPE OF REPORT		
Elect Wendy		October 10 Filing - Original		
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>				
Name		Date of Transaction	Amount Received	
Street Address	City	State		Zip Code
Description				
<b>Total of Section I</b>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Elect Wendy		October 10 Filing - Original	
<b>J1. Event Information</b>			
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes      No
Location: Street Address		City	State      Zip Code
Was this event hosted at a personal residence?	Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
	No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
	No		
<b>Subpart 1:</b>			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes	(If yes, enter Total Receipts here.)	
	No		
<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
Elect Wendy	October 10 Filing - Original

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

Name of the Donor

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

**Total of Section J3**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Wendy	October 10 Filing - Original

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

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

**Total of Section J4**

**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Wendy	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:	Yes No Executive   Legislative
Type of Contributor:		Date Received	Aggregate contributions
Individual      Committee      Sole Proprietorship			
			Fair Market Value of this Contribution

**Total of Section K**

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

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

Name of Payee CEP		Date of Payment 08/15/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>108</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Trinity St		City Hartford	State CT	Zip Code 06106-1628
Purpose of Expend CEF	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$125.00

Name of Payee Frontier Communications		Date of Payment 08/20/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 5157		City Tampa	State FL	Zip Code 33675
Purpose of Expend OVHD	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$28.42

Name of Payee Centrix Management Co., LLC		Date of Payment 09/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>109</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Spring St		City New Britain	State CT	Zip Code 06051
Purpose of Expend OVHD	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$400.00

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

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

Name of Payee CubeSmart		Date of Payment 09/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>110</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2454 E Main St		City Waterbury	State CT	Zip Code 06705
Purpose of Expend OVHD	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$61.16

Name of Payee U-Haul Moving & Storage of Waterbury		Date of Payment 09/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>110</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 169 Meriden Rd		City Waterbury	State CT	Zip Code 06705
Purpose of Expend TRVL	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$39.02

Name of Payee Frontier Communications		Date of Payment 09/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>110</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 740407		City Cincinnati	State OH	Zip Code 45274-0407
Purpose of Expend OVHD	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$142.79

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

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

Name of Payee CubeSmart		Date of Payment 09/07/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2454 E Main St		City Waterbury	State CT	Zip Code 06705
Purpose of Expend OVHD	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$91.46

Name of Payee Outback Steakhoue		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 698 Bridgeport Ave		City Shelton	State CT	Zip Code 06484
Purpose of Expend FOOD	Description Media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$71.96

Name of Payee Hilton Garden Inn Shelton		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 25 Old Stratford Rd		City Shelton	State CT	Zip Code 06484
Purpose of Expend TRVL	Description Media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$148.35

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

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

Name of Payee BJ's Wholesale Club		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 344 Reidville Rd		City Waterbury	State CT	Zip Code 06705
Purpose of Expend TRVL	Description Media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$39.15

Name of Payee Asian Garden		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 3670 E Main Streete Ste 3		City Waterbury	State CT	Zip Code 06705
Purpose of Expend FOOD	Description 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 #
				\$46.76

Name of Payee Peralta Design		Date of Payment 09/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>111</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Enterprise Dr Ste 418		City Shelton	State CT	Zip Code 06484
Purpose of Expend CNSLT	Description Media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$8,280.00

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

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

Name of Payee Centrix Management Co. LLC		Date of Payment 09/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>112</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Spring St		City New Britain	State CT	Zip Code 06051
Purpose of Expend OVHD	Description District Headquarters Setup			Amount  \$462.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Walmart		Date of Payment 09/12/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 910 Wolcott		City Waterbury	State CT	Zip Code 06705
Purpose of Expend OFFICE	Description Phone Banking			Amount  \$135.13
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Dunkin Donuts		Date of Payment 09/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 786 Hamilton Ave		City Waterbury	State CT	Zip Code 06706
Purpose of Expend FOOD	Description Door Knocking			Amount  \$3.62
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

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

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

Name of Payee Frontier Communications		Date of Payment 09/13/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 740407		City Cincinnati	State OH	Zip Code 45274-0407
Purpose of Expend OVHD	Description District Headquarters Setup			Amount  \$259.19
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Subway		Date of Payment 09/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 464 Reidville Rd		City Waterbury	State CT	Zip Code 06705
Purpose of Expend FOOD	Description Door Knocking			Amount  \$7.95
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Mary Diner II		Date of Payment 09/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 538 Meriden Rd		City Waterbury	State CT	Zip Code 06705
Purpose of Expend FOOD	Description Door Knocking			Amount  \$22.60
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

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

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

Name of Payee Texas Roadhouse		Date of Payment 09/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 330 Reidville Rd		City Waterbury	State CT	Zip Code 06705
Purpose of Expend FOOD	Description 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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$11.69

Name of Payee Stop & Shop		Date of Payment 09/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 920 Wolcott Rd		City Waterbury	State CT	Zip Code 06716
Purpose of Expend TRVL	Description 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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$36.49

Name of Payee AT&T Mobility		Date of Payment 09/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 537104		City Atlanta	State GA	Zip Code 30353-7104
Purpose of Expend OVHD	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$239.19

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

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

Name of Payee Cheshire Coffee		Date of Payment 09/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 3670 E Main Sreet		City Waterbury	State CT	Zip Code 06705
Purpose of Expend FOOD	Description Phone Banking			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4.83

Name of Payee O & Co. Media Group		Date of Payment 09/14/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Greenwich Office Park Fl 1		City Greenwich	State CT	Zip Code 06831
Purpose of Expend CNSLT	Description Media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$87.38

Name of Payee MAR-VIC Cleaners		Date of Payment 09/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 186 Grand St		City Waterbury	State CT	Zip Code 06702
Purpose of Expend OVHD	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$183.25



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

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

Name of Payee Mail-A-Map Street Maps		Date of Payment 09/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 883		City Madison	State CT	Zip Code 06443
Purpose of Expend A-OTH	Description Media			Amount  \$395.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee McDonald's Restaurant		Date of Payment 09/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 530 Reidville Rd		City Waterbury	State CT	Zip Code 06705
Purpose of Expend FOOD	Description Door Knocking			Amount  \$13.99
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Brooklyn Baking Companh		Date of Payment 09/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 464 Reidville Rd		City Waterbury	State CT	Zip Code 06705
Purpose of Expend FOOD	Description Door Knocking			Amount  \$11.96
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

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

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

Name of Payee Big Lots		Date of Payment 09/17/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 650 Wolcott St		City Waterbury	State CT	Zip Code 06705
Purpose of Expend OFFICE	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$43.29

Name of Payee CANVA		Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Sidney Australia		City Waterbury	State CT	Zip Code
Purpose of Expend A-OTH	Description Media			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10.00

Name of Payee Stop & Shop		Date of Payment 09/21/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Reidville Rd		City Waterbury	State CT	Zip Code 06705
Purpose of Expend TRVL	Description Door Knocking			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$31.32

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

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

Name of Payee Postable		Date of Payment 09/21/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 154 Grand St		City New York	State NY	Zip Code 10013
Purpose of Expend POST	Description Postage			Amount  \$4.49
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Boscov's		Date of Payment 09/21/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 480 Lewis Ave		City Meriden	State CT	Zip Code 06451
Purpose of Expend OFFICE	Description District Headquarters Setup			Amount  \$105.29
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Boscov's		Date of Payment 09/21/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 480 Lewis Ave		City Meriden	State CT	Zip Code 06451
Purpose of Expend EFV *	Description District Headquarters Setup			Amount  \$604.59
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

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

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

Name of Payee United States Postal Service		Date of Payment 09/24/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 70 Waterbury Rd		City Prospect	State CT	Zip Code 06712
Purpose of Expend OVHD	Description District Headquarters Setup			Amount  \$511.65
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Tequilas Mexican Restaurant		Date of Payment 09/24/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 733 Lakewood Rd		City Waterbury	State CT	Zip Code 06704
Purpose of Expend FOOD	Description Door Knocking			Amount  \$32.40
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Chozen Few Entertainment		Date of Payment 09/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>114</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 56 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend CNSLT	Description Media			Amount  \$650.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

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

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

Name of Payee MT Olive AME Zion Church		Date of Payment 09/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>113</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 82 Pearl St		City Waterbury	State CT	Zip Code 06704
Purpose of Expend A-OTH	Description Media			Amount  \$100.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Build A Sign		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 11525A Stonehollow Dr Ste 100		City Austin	State TX	Zip Code 78758
Purpose of Expend A-SIGN	Description Media			Amount  \$490.24
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Build A Sign		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 11525A Stonehollow Dr Ste 100		City Austin	State TX	Zip Code 78758
Purpose of Expend A-SIGN	Description Media			Amount  \$588.17
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

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

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

Name of Payee BJ's Wholesale Club		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 344 Reidville Rd		City Waterbury	State CT	Zip Code 06705
Purpose of Expend TRVL	Description Door Knocking			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$29.55

Name of Payee KFC		Date of Payment 09/27/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 717 Lakewood Rd		City Waterbury	State CT	Zip Code 06704
Purpose of Expend FOOD	Description Door Knocking			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.95

Name of Payee United States Postal Service		Date of Payment 09/27/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 797 Lakewood Ave		City Waterbury	State CT	Zip Code 06703
Purpose of Expend POST	Description Postage			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00

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

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

Name of Payee Staples		Date of Payment 09/27/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 910 Wolcott St		City Waterbury	State CT	Zip Code 06705
Purpose of Expend PRNT	Description Absentee Ballot			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$76.57

Name of Payee Staples		Date of Payment 09/27/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 910 Wolcott St		City Waterbury	State CT	Zip Code 06704
Purpose of Expend OFFICE	Description Absentee Ballots			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$277.83

Name of Payee Eversource		Date of Payment 09/27/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 56002		City Boston	State MA	Zip Code 02205-6002
Purpose of Expend OVHD	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$202.63

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Wendy	October 10 Filing - Original

**N. Expenses Paid By Committee**

Name of Payee AT & T Mobility		Date of Payment 09/28/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 537104		City Atlanta	State GA	Zip Code 30353-7104
Purpose of Expend OVHD	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$149.19	
Name of Payee Big Lots		Date of Payment 09/28/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 650 Wolcott St		City Waterbury	State CT	Zip Code 06705
Purpose of Expend OFFICE	Description District Headquarters Setup			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$83.68	
<b>Total of Section N</b>				<b>\$15,405.18</b>



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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
Elect Wendy						October 10 Filing - Original	
<b>P. Expenses Incurred on Committee Credit Card</b>							
Name of Issuing Institution					Type of Credit Card:		
					<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
					<input type="checkbox"/> Other		
Name of Vendor						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description					<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought?				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
Elect Wendy	October 10 Filing - Original

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Wendy	October 10 Filing - Original

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

Last Name of Worker/Consultant Tyson-Wood	First Wendy	MI	Date of Payment to Vendor 09/06/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 109 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
Centrix Management Col

Street Address of Vendor 55 Spring St	City New Britain	State CT	Zip Code 06051
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Purpose of Expenditure (by code) OVHD	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 \$400.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Cook	First KENNETH	MI R	Date of Payment to Vendor 09/06/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
CubeSmart

Street Address of Vendor 2454 E Main St	City Waterbury	State CT	Zip Code 06705
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Purpose of Expenditure (by code) OVHD	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 \$61.06
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Wendy	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:
Cook	Kenneth		09/06/2018	<input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
U-Haul Moving & Storage of Waterbury

Street Address of Vendor	City	State	Zip Code
169 Meriden Rd	Waterbury	CT	06705

Purpose of Expenditure (by code)	Description
TRVL	

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				\$39.02

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cook	Kenneth		09/06/2018	<input checked="" type="checkbox"/> Check # 110 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant
Frontier Communications

Street Address of Vendor	City	State	Zip Code
PO Box 33675	Tampa	FL	33675

Purpose of Expenditure (by code)	Description
OVHD	

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				\$142.79

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Elect Wendy	October 10 Filing - Original

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

Last Name of Worker/Consultant Cook	First Kenneth	MI R	Date of Payment to Vendor 09/10/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 112 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
Centrix Management Co. LLC

Street Address of Vendor 55 Spring St	City New Britain	State CT	Zip Code 06051
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Purpose of Expenditure (by code) OVHD	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 \$462.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Tyson-Wood	First Wendy	MI	Date of Payment to Vendor 09/27/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant  
Build A Sign

Street Address of Vendor 11525A Stonehollow Dr Ste 100	City Austin	State TX	Zip Code 78758
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Purpose of Expenditure (by code) A-SIGN	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 \$499.77
If yes, assign an Expenditure # and completes Itemization in Addendum R			

**Total of Section R**

**\$1,604.64**

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

<b>IV. EXPENDITURES (Sectuibs N - S)</b>			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT
Elect Wendy			October 10 Filing - Original
<b>S. Surplus Distribution of Equipment and Furniture</b>			
Name of Recipient			
Street Address	City	State	Zip Code
Description of Item			Original Purchase Amount of Item
			<b>Total of Section S</b>

**Section J4. ADDENDUM**

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

**Section N. ADDENDUM**

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

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

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

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