



COVER PAGE

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------|
| 1. NAME OF COMMITTEE | | | 2. TYPE OF COMMITTEE | | |
| Raghib 2018 | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | |
| 3. TREASURER NAME | | | | | |
| First Starr | MI L | Last Unwin | | Suffix | |
| 4. TREASURER ADDRESS | | | | | |
| Street Address 7 Monarch Rd | | City Danbury | | State CT | Zip Code 06811 |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (Complete only if Candidate Committee) | | | 7. DISTRICT NUMBER (if applicable) |
| 11/06/2018 | | State Representative | | | R002 |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | |
| First Raghib | | MI | Last Allie-Brennan | | Suffix |
| 9. TYPE OF REPORT | | | | | |
| October 10 Filing - Amendment | | | | | |
| 10. PERIOD COVERED | | | | | |
| | | Beginning Date | | Ending Date | |
| | | 07/01/2018 | | 09/30/2018 | |
| | | thru | | | |
| 11. CERTIFICATION | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | |
| Electronic Filing SIGNATURE | | Sarah Courteau PRINT NAME OF THE SIGNER | | 10/10/2018 9:41:33PM DATE CERTIFIED | |
| 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. | | | | | |

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 | |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------|
| Raghib 2018 | October 10 Filing - Amendment | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$8,781.22 | |
| 14. Contributions received from Individuals (Section A and B) | \$0.00 | \$5,513.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$19,705.00 | \$28,150.05 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14 through 17) | \$19,705.00 | \$33,663.05 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$28,486.22 | \$33,663.05 |
| 20. Expenses Paid by Committee (Section N) | \$3,562.15 | \$8,738.98 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | \$24,924.07 | \$24,924.07 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4) | \$0.00 | \$0.00 |
| 24. In-Kind Contributions Received (Section K) | \$0.00 | \$0.00 |
| 25. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$0.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | | | |
|---------------------------------------------------------------------------------|--|--------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | TYPE OF REPORT | |
| Raghib 2018 | | October 10 Filing - Amendment | |
| A. Total Contributions from Small Contributors-Received this Period ONLY | | For Nonparticipating Candidates ONLY | |
| B. Itemized Contributions from Individuals | | | |

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|------------------|----------------------------------------------------------------------|-------------------------|
| Last Name | | First | | MI | Contribution ID # |
| Residential Street Address | | City | | State | Zip Code |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? | | | | 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 # | | | | | |

Total of Section B

| | |
|-------------------------------------------------------------------------------------------------------------------------|--|
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (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 | |
| Raghib 2018 | | October 10 Filing - Amendment | |
| C1. Contributions from Other Committees | | | |
| Name of Committee | | Name of Treasurer | |
| Address | | Is this contribution associated with an event reported in Section J1? | |
| | | Yes No | |
| City | | If yes, list Event # | |
| State | Zip Code | Date Received | Aggregate Contributions |
| | | | |
| Total of Section C1 | | | |

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--------------------------------------------------------------------------|-------------|----------|-------------------------------------------------------------------------------------|-------------------------------|-------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Raghib 2018 | | | | October 10 Filing - Amendment | |
| C2. Reimbursements or Surplus Distributions from other Committees | | | | | |
| Name of Committee | | | Name of Treasurer | | |
| Address | | | | Date Received | Amount of Receipt |
| City | State | Zip Code | Payment Type | | |
| | | | Reimbursement for shared expense Surplus distribution from exploratory committee | | |
| Expenditure # | Description | | | | |
| Total of Section C2 | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--------------------------------------------|--|-----------------|-----------|-------------------------------|-------------------------------------------------------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Raghib 2018 | | | | October 10 Filing - Amendment | |
| D. Loans Received this Period | | | | | |
| Name of Lender | | Source of Loan: | | | Date of Receipt |
| | | Bank | Candidate | Individual | Other |
| Street Address | | City | State | Zip Code | Is there a cosigner or Guarantor of this loan? Yes No |
| Name of Cosigner/Guarantor (if applicable) | | | | | |
| Street Address | | City | State | Zip Code | Amount Received |
| Total of Section D | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|-------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

| Date of Receipt | Method of Payment | Amount |
|---------------------------|---------------------------------------------------------------------------------|--------|
| | Cash Personal Check Credit/Debit Card | |
| Total of Section E | | |

I. Monetary Receipts (Section A-I)

| | |
|-------------------|-------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |

G. Interest from Deposits in Authorized Accounts

| Name of Institution | Date Received | Amount | |
|---------------------------|---------------|--------|----------|
| Street Address | City | State | Zip Code |
| Total of Section G | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------|-------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |

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

| Purpose of Grant: | Grant Cycle: | Date Received | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|
| <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Special Election | 07/23/2018 | \$19,705.00 |
| Total of Section H | | | \$19,705.00 |

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|------------------------------------------------------------------------|--|------|---------------------|-------------------------------|-----------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Raghib 2018 | | | | October 10 Filing - Amendment | |
| I. Miscellaneous Monetary Receipts not Considered Contributions | | | | | |
| Name | | | Date of Transaction | | Amount Received |
| Street Address | | City | State | Zip Code | |
| Description | | | | | |
| Total of Section I | | | | | |

II. EVENT ACTIVITY (Sections J1 - J4)

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | TYPE OF REPORT | |
| Raghib 2018 | | | | October 10 Filing - Amendment | |
| J1. Event Information | | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? Yes No | | |
| Location: Street Address | | | City | State | Zip Code |
| Was this event hosted at a personal residence? | | Yes | if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations. | | |
| | | No | | | |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | Yes | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. | | |
| | | No | | | |
| Subpart 1: | | | | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | Yes | (If yes, enter Total Receipts here.) | | |
| | | No | | | |
| Total of Section J1 | | | | | |

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |
| J3. In-Kind Donations Not Considered Contributions | |

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

II. EVENT ACTIVITY (Sections J1 - J4)

| | |
|-----------------------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |
| J4. In-Kind Donations Not Considered Contributions Associated with a House Party | |

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

| | | |
|----------------------------|--|--|
| Total of Section J4 | | |
|----------------------------|--|--|

III. NONMONETARY RECEIPTS (Sections K - L)

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |

K. In-Kind Contributions

| | | | |
|-----------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Name | | | |
| Street Address | | City | State Zip Code |
| Is this contribution associated with an event reported in Section J1? | Yes No | Description of In-Kind Contribution | |
| If yes, list Event# | | | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes No | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | Yes No Executive Legislative |
| Type of Contributor: | | Date Received | Aggregate contributions |
| Individual Committee Sole Proprietorship | | | |
| Total of Section K | | | |

III. Non Monetary Receipts (Sections K - L)

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |

L. Refundable Deposit to Telephone Company

| | | | |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual | First Name | MI | Date Deposit Made |
| Residential Street Address | City | State | Zip Code |
| Name of Telephone company | | | |
| Street Address | City | State | Zip Code |
| Total of Section L | | | Amount of Deposit |

IV. EXPENDITURES (Sections N - S)

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee Constant Contact | | Date of Payment 07/03/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1601 Trapelo Rd | | City Waltham | State MA | Zip Code 02451 |
| Purpose of Expend A-WEB | Description Email blasts | | | 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 # |
| | | | | \$20.20 |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee USPS | | Date of Payment 07/14/2018 | 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 |
| Purpose of Expend POST | Description roll of stamps | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$50.00 |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee Constant Contact | | Date of Payment 07/29/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1601 Trapelo Rd | | City Waltham | State MA | Zip Code 02451 |
| Purpose of Expend A-WEB | Description Email blasts | | | 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 # |
| | | | | \$20.20 |

IV. EXPENDITURES (Sections N - S)

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee Facebook | | Date of Payment 07/31/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1 Hacker Way | | City Menlo Park | State CA | Zip Code 94025 |
| Purpose of Expend A-WEB | Description Ad buys on Facebook | | | 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 # |
| | | | | \$39.40 |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee USPS | | Date of Payment 08/15/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 268 Simpaug Tpke | | City Redding | State CT | Zip Code 06896 |
| Purpose of Expend POST | Description roll of stamps | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$50.00 |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee Constant Contact | | Date of Payment 08/29/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1601 Trapelo Rd | | City Waltham | State MA | Zip Code 02451 |
| Purpose of Expend A-WEB | Description Email blasts | | | 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 # |
| | | | | \$20.20 |

IV. EXPENDITURES (Sections N - S)

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee Facebook | | Date of Payment 08/31/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1 Hacker Way | | City Menlo Park | State CA | Zip Code 94025 |
| Purpose of Expend A-WEB | Description Facebook ad buys | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$30.00 |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee Staples | | 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 67 Newtown Rd | | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend OFFICE | Description Office supplies including tap, sharpies, bath tissue, and sticky easel | | | 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 # |
| | | | | \$69.39 |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee True Value of Bethel | | 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 211 Greenwood Ave | | City Bethel | State CT | Zip Code 06801 |
| Purpose of Expend OFFICE | Description putty stick | | | 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 # |
| | | | | \$2.97 |

IV. EXPENDITURES (Sections N - S)

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee American Pride | | 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 273 Greenwood Ave | | City Bethel | State CT | Zip Code 06801 |
| Purpose of Expend OFFICE | Description U.S. flags | | | 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 # |
| | | | | \$29.96 |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee Cross and Oberlie | | 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 916 Byrd Ave | | City Neenah | State WI | Zip Code 54956 |
| Purpose of Expend A-SIGN | Description 250 24x18 lawn signs and wire holders | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1,091.31 |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Name of Payee Callan Kapush Photography | | Date of Payment 09/23/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>109</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 68 Pine Ave | | City Ossining | State NY | Zip Code 10562 |
| Purpose of Expend PRNT | Description fee for photographer to produce images for literature | | | 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 # |
| | | | | \$150.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee CCM&Co. | | Date of Payment 09/26/2018 | Method of Payment <input checked="" type="checkbox"/> Check # 111 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1022 Boulevard # 329 | | City West Hartford | State CT | Zip Code 06119 |
| Purpose of Expend PRNT | Description printing postcards | | | 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 # |
| | | | | \$467.94 |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee Cross and Oberlie | | Date of Payment 09/26/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 916 Byrd Ave | | City Neenah | State WI | Zip Code 54956 |
| Purpose of Expend A-SIGN | Description 25 large lawn signs plus grommets | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1,390.85 |

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee Constant Contact | | 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 1601 Trapelo Rd | | City Waltham | State MA | Zip Code 02451 |
| Purpose of Expend A-WEB | Description Email blasts | | | 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 # |
| | | | | \$20.20 |

IV. EXPENDITURES (Sections N - S)

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |
| N. Expenses Paid By Committee | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee Staples | Date of Payment 09/29/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 67 Newtown Rd | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend OFFICE | Description printer cartridge | Amount \$109.53 | |
| 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 # |
| Total of Section N | | | \$3,562.15 |

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |

P. Expenses Incurred on Committee Credit Card

| | | | | |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------|---------------------|
| Name of Issuing Institution | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other | | | |
| Name of Vendor | | | | Date of Transaction |
| Street Address | City | State | Zip Code | |
| Purpose of Expenditure (by code) | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes No | Expenditure # (if applicable) | Event # | |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | | |

Total of Section P**IV. EXPENDITURES (Sections N - S)**

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |

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 (by 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 | | | | |

Total of Section Q

IV. EXPENDITURES (Sections N - S)

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |

R. Itemization of Reimbursements and Secondary Payees

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

IV. EXPENDITURES (Sections N - S)

| | |
|-------------------------------------------------------------------------|-------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| Raghib 2018 | October 10 Filing - Amendment |

S. Surplus Distribution of Equipment and Furniture

| | | | | |
|---------------------------|------|-------|----------|----------------------------------|
| Name of Recipient | | | | |
| Street Address | City | State | Zip Code | Original Purchase Amount of Item |
| Description of Item | | | | |
| Total of Section S | | | | |

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

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

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

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

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