



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Re-elect Senator Henri Martin			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Morgan	MI A	Last Murphy		Suffix	
4. TREASURER ADDRESS					
Street Address 110 Rosewood Dr		City Bristol		State CT	Zip Code 06010
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)		7. DISTRICT NUMBER (if applicable)	
11/06/2018		State Senator		S031	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Henri	MI R	Last Martin		Suffix	
9. TYPE OF REPORT					
Second Weekly Supplemental Filing General Election - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
10/17/2018		thru		10/23/2018	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Morgan Murphy		10/25/2018 8:30:59PM	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
<p>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</p>					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$47,071.03	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$16,631.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$96,788.30
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)	\$0.00	\$113,419.30
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$47,071.03	\$113,419.30
20. Expenses Paid by Committee (Section N)	\$13,539.88	\$79,888.15
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$33,531.15	\$33,531.15
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)	\$5,426.65	\$16,872.71
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	
Re-elect Senator Henri Martin		Second Weekly Supplemental Filing General Election - Original	
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? If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No		Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If yes, list Event #			Yes No		
Is this contribution associated with an event reported in Section J1?	Yes No	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Date Received	Aggregate Contributions

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Re-elect Senator Henri Martin		Second Weekly Supplemental Filing General Election - Original	
C1. Contributions from Other Committees			
Name of Committee		Name of Treasurer	
Address		Is this contribution associated with an event reported in Section J1? If yes, list Event #	
Yes No		Amount of Contribution	
City	State	Zip Code	Date Received
			Aggregate Contributions
Total of Section C1			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Re-elect Senator Henri Martin				Second Weekly Supplemental Filing General Election - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Re-elect Senator Henri Martin				Second Weekly Supplemental Filing General Election - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan: Bank Candidate Individual Other			Date of Receipt
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Re-elect Senator Henri Martin		Second Weekly Supplemental Filing General Election - Original	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section E			

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Re-elect Senator Henri Martin		Second Weekly Supplemental Filing General Election - Original	
G. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	Zip Code
Total of Section G			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Re-elect Senator Henri Martin		Second Weekly Supplemental Filing General Election - Original	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:		Grant Cycle:	Date Received
Initial	Grant Adjustment	Primary	General Election
Supplemental/Post Election Deficit		Special Election	Amount
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Re-elect Senator Henri Martin				Second Weekly Supplemental Filing General Election - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

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

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address	City	State	Zip Code
----------------	------	-------	----------

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
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original

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

Name of Host	Is this event supporting more than one candidate? Yes No If yes, complete Itemization in Addendum J4
--------------	---

Street Address	City	State	Zip Code
----------------	------	-------	----------

Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original

K. In-Kind Contributions

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Gregory Showers		Date of Payment 10/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>201</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Orchard St		City Plymouth	State CT	Zip Code 06786
Purpose of Expend WAGE	Description wages for signs 10/8-10/12			Amount \$112.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Robert Norris		Date of Payment 10/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>202</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Ben Ct		City Plainville	State CT	Zip Code 06062
Purpose of Expend WAGE	Description 9/5-10/6 wages door knocking			Amount \$92.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

Name of Payee Mpression Marketing Group		Date of Payment 10/21/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 542		City Terryville	State CT	Zip Code 06786
Purpose of Expend A-OTH	Description ACE program ad design w/DR			Amount \$47.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Henri Martin		Date of Payment 10/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>205</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Ipswitch Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend RMB	Description Spectrum invoice 2nd round			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 #
				\$4,963.25

Name of Payee CompuMail		Date of Payment 10/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>203</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 298 Captain Lewis Dr		City Southington	State CT	Zip Code 06489
Purpose of Expend PRNT	Description palm cards w/DR			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 #
				\$34.57

Name of Payee CompuMail		Date of Payment 10/22/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>204</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 298 Captain Lewis Dr		City Southington	State CT	Zip Code 06489
Purpose of Expend PRNT	Description printing wives mailer w/DR			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 #
				\$536.62

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Hitchcock Printing		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>206</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expend A-DM	Description GOTV W. Bristol w/WB			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$140.13

Name of Payee Hitchcock Printing		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>207</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expend A-MAG	Description GOTV w/WB Chippens Hill			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$117.11

Name of Payee US Postmasters		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>208</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 135 Chestnut St		City New Britain	State CT	Zip Code 06050
Purpose of Expend POST	Description GOTV w/WB W.Bristol			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$262.72

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee US Postmasters		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>209</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 135 Chestnut St		City New Britain	State CT	Zip Code 06050
Purpose of Expend POST	Description GOTV Terryville w/WB			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$702.80

Name of Payee US Postmasters		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>210</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 135 Chestnut St		City New Britain	State CT	Zip Code 06050
Purpose of Expend POST	Description GOTV Chippens Hill w/WB			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$230.60

Name of Payee Hitchcock Printing		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>211</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expend A-DM	Description GOTV Terryville w/WB			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$344.44

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Hitchcock Printing		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>212</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expend PRNT	Description palm cards w/Cara			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 #
				\$58.49

Name of Payee Gregory Showers		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>213</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Orchard St		City Plymouth	State CT	Zip Code 06786
Purpose of Expend WAGE	Description 10/14-10/17 signs			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 #
				\$157.50

Name of Payee Gregory Showers		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>214</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Orchard St		City Plymouth	State CT	Zip Code 06786
Purpose of Expend WAGE	Description 10/18 & 10/19 signs labor			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 #
				\$50.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Robert Norris		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>215</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Ben Ct		City Plainville	State CT	Zip Code 06062
Purpose of Expend WAGE	Description 10/10			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10.00

Name of Payee Connor Stifel		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>216</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 80 Blossom Way		City Southington	State CT	Zip Code 06489
Purpose of Expend WAGE	Description 10/2 and 10/5			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00

Name of Payee Victoria Balboni		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>217</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 26 Benjamin St		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description 9/25			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Zachary Hamzy		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>218</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Minor Rd		City Terryville	State CT	Zip Code 06786
Purpose of Expend WAGE	Description 9/29 and 10/5			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$35.00

Name of Payee Nicole Nogiec		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>219</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 105 Delmar Dr		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description 10/6			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$20.00

Name of Payee Luisa Cuccureddu		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>220</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 52 Sheila Ct		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description 10/4-10/13			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$87.50

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original
N. Expenses Paid By Committee	

Name of Payee Lauren Dudzinski		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>221</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 35 Regency Ct		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description 10/13			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$20.00

Name of Payee Nicole Nogiec		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>222</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 105 Delmar Dr		City Bristol	State CT	Zip Code 06010
Purpose of Expend WAGE	Description 10/10			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$30.00

Name of Payee Henri Martin		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>223</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7 Ipswitch Rd		City Bristol	State CT	Zip Code 06010
Purpose of Expend RMB	Description Spectrum, Sears, food, Town Times ad			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$5,426.65

Total of Section N

\$13,539.88

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Ninety Nine Restaurant				10/07/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code		
827 Pine St		Bristol		CT	06010		
Purpose of Expenditure (by code)		Description			Event #		
FOOD							
Amount							
\$52.79							
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Sears				10/15/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code		
470 Lewis Ave		Meriden		CT	06451		
Purpose of Expenditure (by code)		Description			Event #		
A-OTH		shirts					
Amount							
\$165.71							
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Spectrum Marketing Companies				10/22/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code		
95 Eddy Rd Ste 101		Manchester		NH	03102		
Purpose of Expenditure (by code)		Description			Event #		
A-WEB		social media advertising					
Amount							
\$4,963.25							
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed?	
Prime Publishers, Inc.				10/22/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code		
PO Box 383		Southbury		CT	06488		
Purpose of Expenditure (by code)		Description			Event #		
A-NEWS		Town Times ad					
Amount							
\$244.90							
Total of Section O							\$5,426.65

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution		Type of Credit Card: Visa Master Card Discover American Express 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
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - 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 (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
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original

R. Itemization of Reimbursements and Secondary Payees

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

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Re-elect Senator Henri Martin	Second Weekly Supplemental Filing General Election - Original

S. Surplus Distribution of Equipment and Furniture

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

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

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

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

Section 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 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 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