



COVER PAGE

| | | | | | | | |
|---|--|--|--------------------------|---|-----------------------------|-------------------------------------|--|
| 1. NAME OF COMMITTEE | | | | 2. TYPE OF COMMITTEE | | | |
| McLachlan 2018 | | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | | |
| 3. TREASURER NAME | | | | | | | |
| First John | | MI M | Last Whitcomb | | | Suffix | |
| 4. TREASURER ADDRESS | | | | | | | |
| Street Address 198 Southern Blvd | | | City Danbury | | State CT | Zip Code 06810 | |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (Complete only if Candidate Committee) | | | | 7. DISTRICT NUMBER (if applicable) | |
| 11/06/2018 | | State Senator | | | | S024 | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | | | |
| First Michael | | MI A | Last McLachlan | | | 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 | | John Whitcomb | | | 10/25/2018 6:44:59PM | | |
| 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 | |
|--|---|-----------------------|
| McLachlan 2018 | 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 | \$56,782.96 | |
| 14. Contributions received from Individuals (Section A and B) | \$0.00 | \$16,075.00 |
| 15. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D through I) | \$0.00 | \$95,659.38 |
| 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 | \$111,734.38 |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B) | \$56,782.96 | \$111,734.38 |
| 20. Expenses Paid by Committee (Section N) | \$15,141.29 | \$70,092.71 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | \$41,641.67 | \$41,641.67 |
| 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 | \$1,020.51 |
| 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 | |
| McLachlan 2018 | | 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: | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| Yes No Executive Legislative | | | Yes No | | |
| Is this contribution associated with an event reported in Section J1? | Yes | Method of contribution: | | Date Received | Aggregate Contributions |
| If yes, list Event # | No | Cash | Personal Check | | |
| | | Money Order | Credit/Debit Card | | |

| | | | | |
|---|--|--|--|--|
| 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 | |
| McLachlan 2018 | | | | 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? | | Amount of Contribution |
| | | | Yes No If yes, list Event # | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | |
| Total of Section C1 | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | | | | | |
|--|-------------|----------|---|--|-------------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| McLachlan 2018 | | | | 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 | |
| McLachlan 2018 | | | | 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 | |
| McLachlan 2018 | | 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 | |
| McLachlan 2018 | | 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 | |
| McLachlan 2018 | | 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 | |
| McLachlan 2018 | | | | 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 | |
| McLachlan 2018 | | | | 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 |
| McLachlan 2018 | 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: | Description of Donation | | Fair Market Value of Donation |
| Individual | | | |
| Business Entity | Date Received | Event # | Aggregate value for this event |
| 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 |
| McLachlan 2018 | 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 |
|---|---|
| McLachlan 2018 | 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: | 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 |
|---|---|
| McLachlan 2018 | 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 | | | | Amount of Deposit |
| Street Address | | City | State | |

Total of Section L

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| McLachlan 2018 | Second Weekly Supplemental Filing General Election - Original |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|---|-------------------|
| Name of Payee USPO | Date of Payment 10/17/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 23 Backus Ave | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend POST | Description | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$353.33 |

| | | | |
|---|--|---|-------------------|
| Name of Payee USPO | Date of Payment 10/17/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 23 Backus Ave | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend POST | Description | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$482.91 |

| | | | |
|---|--|---|-------------------|
| Name of Payee USPO | Date of Payment 10/17/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 23 Backus Ave | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend POST | Description | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$841.23 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| McLachlan 2018 | Second Weekly Supplemental Filing General Election - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-------------|--|---|-------------------|
| Name of Payee Spectrum Marketing | | Date of Payment 10/17/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 95 Eddy Rd Ste 101 | | City Manchester | State NH | Zip Code 03102 |
| Purpose of Expend A-DM | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1,421.38 |

| | | | | |
|---|-------------|--|---|-------------------|
| Name of Payee USPO | | Date of Payment 10/17/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 23 Backus Ave | | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend POST | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$847.99 |

| | | | | |
|---|-------------|--|--|-------------------|
| Name of Payee Joe Lemieux | | Date of Payment 10/17/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>214</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 7 Quail Run Rd | | City Storrs | State CT | Zip Code 06268 |
| Purpose of Expend CNSLT | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$1,000.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| McLachlan 2018 | Second Weekly Supplemental Filing General Election - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-------------|--|---|-------------------|
| Name of Payee USPO | | Date of Payment 10/17/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 23 Backus Ave | | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend POST | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$451.23 |

| | | | | |
|---|---|--|--|-------------------|
| Name of Payee Lebanon American Club | | Date of Payment 10/17/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 22 West St | | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend ATT * | Description non-political community event attendance | | | 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 # |
| | | | | \$55.00 |

| | | | | |
|---|-------------|--|---|-------------------|
| Name of Payee USPO | | Date of Payment 10/18/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 23 Backus Ave | | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend POST | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | | \$100.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| McLachlan 2018 | Second Weekly Supplemental Filing General Election - Original |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|---|-------------------|
| Name of Payee Spectrum Marketing | Date of Payment 10/18/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 95 Eddy Rd Ste 101 | City Manchester | State NH | Zip Code 03102 |
| Purpose of Expend POST | Description | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$2,078.17 |

| | | | |
|---|--|---|-------------------|
| Name of Payee Spectrum Marketing | Date of Payment 10/19/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 95 Eddy Rd Ste 101 | City Manchester | State NH | Zip Code 03102 |
| Purpose of Expend A-DM | Description | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$2,044.50 |

| | | | |
|---|--|---|-------------------|
| Name of Payee Prime Storage Danbury E | Date of Payment 10/20/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 8A Great Pasture Rd | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend OVHD | Description | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$118.05 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| McLachlan 2018 | Second Weekly Supplemental Filing General Election - Original |
| N. Expenses Paid By Committee | |

| | | | | |
|---|-------------|----------------------------------|---|-------------------|
| Name of Payee NewsTimes | | Date of Payment 10/22/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 301 Merritt 7 Ste 1 | | City Norwalk | State CT | Zip Code 06851 |
| Purpose of Expend A-NEWS | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$681.41 |

| | | | | |
|---|-------------|----------------------------------|--|-------------------|
| Name of Payee Tarol Samuelson | | Date of Payment 10/22/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>124</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 138 Prospect Hill Rd | | City New Milford | State CT | Zip Code 06776 |
| Purpose of Expend CNSLT | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$47.86 |

| | | | | |
|---|-------------|----------------------------------|--|-------------------|
| Name of Payee Town Tribune | | Date of Payment 10/22/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>125</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 79 CT Highway 39 | | City New Fairfield | State CT | Zip Code 06812 |
| Purpose of Expend A-NEWS | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum | | Expenditure # (if applicable) | Event # | \$480.00 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| McLachlan 2018 | Second Weekly Supplemental Filing General Election - Original |
| N. Expenses Paid By Committee | |

| | | | |
|---|--|---|-------------------|
| Name of Payee Spectrum Marketing | Date of Payment 10/22/2018 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 95 Eddy Rd Ste 101 | City Manchester | State NH | Zip Code 03102 |
| Purpose of Expend A-DM | Description | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$2,044.50 |

| | | | |
|---|--|---|-------------------|
| Name of Payee Staples | Date of Payment 10/22/2018 | 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 | 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 # |
| | | | \$74.33 |

| | | | |
|---|--|--|-------------------|
| Name of Payee USPO | Date of Payment 10/23/2018 | Method of Payment <input checked="" type="checkbox"/> Check # <u>117</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 23 Backus Ave | City Danbury | State CT | Zip Code 06810 |
| Purpose of Expend POST | Description | Amount | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure # (if applicable) | Event # |
| | | | \$2,019.40 |

Total of Section N

\$15,141.29

IV. EXPENDITURES (Sections N - S)

| | | | | | | | |
|---|-------------|--|------|--|-----------------|---|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | | | TYPE OF REPORT | |
| | | | | | | 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? |
| | | | | | | | Yes No |
| Street Address | | | City | | State | Zip Code | Amount |
| 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 | | |
| McLachlan 2018 | | | | | | 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) |
| 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 |
| McLachlan 2018 | 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 (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 | | | |

Total of Section Q

IV. EXPENDITURES (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| McLachlan 2018 | 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 (Sections N - S)

| | |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| McLachlan 2018 | 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 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 |