



**COVER PAGE**

|   |  |   |                              |   |                             |                                    |  |
|---|--|---|------------------------------|---|-----------------------------|------------------------------------|--|
| 1. NAME OF COMMITTEE  |  |   |                              | 2. TYPE OF COMMITTEE  |                             |                                    |  |
| <b>Gilchrest 2018</b>   |  |   |                              | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |                             |                                    |  |
| 3. TREASURER NAME   |  |   |                              |   |                             |                                    |  |
| First<br><b>Judith</b>  |  | MI<br><b>S</b>  | Last<br><b>Lohman</b>        |   |                             | Suffix                             |  |
| 4. TREASURER ADDRESS  |  |   |                              |   |                             |                                    |  |
| Street Address<br><b>87 Wood Pond Rd</b>  |  |   | City<br><b>West Hartford</b> |   | State<br><b>CT</b>          | Zip Code<br><b>06107</b>           |  |
| 5. ELECTION DATE  |  | 6. OFFICE SOUGHT (Complete only if Candidate Committee) |                              |   |                             | 7. DISTRICT NUMBER (if applicable) |  |
| <b>11/06/2018</b>   |  | <b>State Representative</b>                             |                              |   |                             | <b>R018</b>                        |  |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)   |  |   |                              |   |                             |                                    |  |
| First<br><b>Jillian</b>   |  | MI<br><b>M</b>  | Last<br><b>Gilchrest</b>     |   |                             | Suffix                             |  |
| 9. TYPE OF REPORT   |  |   |                              |   |                             |                                    |  |
| <b>Second Weekly Supplemental Filing General Election - Original</b>  |  |   |                              |   |                             |                                    |  |
| 10. PERIOD COVERED  |  |   |                              |   |                             |                                    |  |
|   |  | Beginning Date  |                              | Ending Date   |                             |                                    |  |
|   |  | <b>10/17/2018</b>                                       |                              | thru  |                             | <b>10/23/2018</b>                  |  |
| 11. CERTIFICATION   |  |   |                              |   |                             |                                    |  |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.                          |  |   |                              |   |                             |                                    |  |
| <b>Electronic Filing</b>  |  | <b>Judith Lohman</b>                                    |                              |   | <b>10/24/2018 9:38:35PM</b> |                                    |  |
| SIGNATURE   |  | PRINT NAME OF THE SIGNER                                |                              |   | DATE CERTIFIED              |                                    |  |
| <p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b></p> |  |   |                              |   |                             |                                    |  |

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                      | TYPE OF REPORT  |                       |
|--|---|-----------------------|
| <b>Gilcrest 2018</b>   | Second Weekly Supplemental Filing General Election - Original |                       |
|  | COLUMN A<br>This Period                                       | COLUMN B<br>Aggregate |
| 12. Balance on hand from day Committee was formed  |   | <b>\$0.00</b>         |
| 13. Balance on hand at the beginning of Reporting Period                                     | <b>\$19,215.23</b>  |                       |
| 14. Contributions received from Individuals (Section A and B)                                | <b>\$0.00</b>   | <b>\$6,893.00</b>     |
| 15. Receipts from Other Committees (Sections C1 and C2)                                      | <b>\$0.00</b>   | <b>\$0.00</b>         |
| 16. Other Monetary Receipts (Section D through I)  | <b>\$0.00</b>   | <b>\$56,360.78</b>    |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)                      | <b>\$0.00</b>   | <b>\$0.00</b>         |
| 18. Total Monetary Receipts (add totals for lines 14 through 17)                             | <b>\$0.00</b>   | <b>\$63,253.78</b>    |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)      | <b>\$19,215.23</b>  | <b>\$63,253.78</b>    |
| 20. Expenses Paid by Committee (Section N)   | <b>\$3,381.64</b>   | <b>\$47,420.19</b>    |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | <b>\$15,833.59</b>  | <b>\$15,833.59</b>    |
| 22. In-Kind Donations not Considered Contributions Received (Section J3)                     | <b>\$0.00</b>   | <b>\$0.00</b>         |
| 23. In-Kind Donations not Considered Contributions - House Party (Section J4)                | <b>\$0.00</b>   | <b>\$1,215.28</b>     |
| 24. In-Kind Contributions Received (Section K)   | <b>\$0.00</b>   | <b>\$0.00</b>         |
| 25. Refundable Deposit to Telephone Company (Section L)                                      | <b>\$0.00</b>   | <b>\$0.00</b>         |
| 26. Beginning Loan Balance   | <b>\$0.00</b>   |                       |
| 26a. + Loans Received (Section D)  | <b>\$0.00</b>   | <b>\$0.00</b>         |
| 26b. + Interest and Penalties on Loan(s)   | <b>\$0.00</b>   | <b>\$0.00</b>         |
| 26c. - Payments on Loan(s)   | <b>\$0.00</b>   | <b>\$0.00</b>         |
| 26d. Total Outstanding Loan Amount   | <b>\$0.00</b>   |                       |
| 27. Campaign Expenses Paid By Candidate (Section O)  | <b>\$0.00</b>   | <b>\$768.16</b>       |
| 28. Expenses Incurred on Committee Credit Card (Section P)                                   | <b>\$3,103.97</b>   | <b>\$23,191.14</b>    |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)               | <b>\$0.00</b>   |                       |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)               | <b>\$0.00</b>   |                       |

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

|  |                  |   |  |
|--|------------------|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  |                  | TYPE OF REPORT  |  |
| Gilchrest 2018   |                  | Second Weekly Supplemental Filing General Election - Original   |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>  |                  | For Nonparticipating Candidates ONLY  |  |
| <b>B. Itemized Contributions from Individuals</b>  |                  |   |  |
| Last Name  | First            | MI  | Contribution ID #  |
| Residential Street Address   | City             | State   | Zip Code   |
| Principal Occupation   | Name of Employer |   |  |
| Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br>Executive                      Legislative |                  | Yes      No   | Amount of Contribution   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br>If yes, list Event #   |                  | Yes      No   |  |
| Is this contribution associated with an event reported in Section J1?  | Yes      No      | Method of contribution:<br>Cash                      Personal Check<br>Money Order              Credit/Debit Card | Date Received  |
|  |                  | Aggregate Contributions   |  |
| <b>Total of Section B</b>  |                  |   |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>   |                  |   | (Sections A + B)      (Total on Line 14, Column A of Summary Page) |

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

|   |  |   |                         |
|---|--|---|-------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |  | TYPE OF REPORT  |                         |
| Gilchrest 2018  |  | Second Weekly Supplemental Filing General Election - Original                                 |                         |
| <b>C1. Contributions from Other Committees</b>                          |  |   |                         |
| Name of Committee   |  | Name of Treasurer   |                         |
| Address   |  | Is this contribution associated with an event reported in Section J1?<br>If yes, list Event # |                         |
| City  |  | State   | Zip Code                |
|   |  | Date Received   | Aggregate Contributions |
| <b>Total of Section C1</b>  |  |   |                         |

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

|  |             |          |   |  |                   |
|--|-------------|----------|---|--|-------------------|
| NAME OF COMMITTEE  |             |          |   | TYPE OF REPORT   |                   |
| Gilchrest 2018   |             |          |   | Second Weekly Supplemental Filing General Election<br>- Original |                   |
| <b>C2. Reimbursements or Surplus Distributions from other Committees</b> |             |          |   |  |                   |
| Name of Committee  |             |          | Name of Treasurer   |  |                   |
| Address  |             |          |   | Date Received  | Amount of Receipt |
| City   | State       | Zip Code | Payment Type<br>Reimbursement for shared expense<br>Surplus distribution from exploratory committee |  |                   |
| Expenditure #  | Description |          |   |  |                   |
| <b>Total of Section C2</b>   |             |          |   |  |                   |

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

|  |  |   |       |  |  |
|--|--|---|-------|--|--|
| NAME OF COMMITTEE                          |  |   |       | TYPE OF REPORT   |  |
| Gilchrest 2018                             |  |   |       | Second Weekly Supplemental Filing General Election -<br>Original |  |
| <b>D. Loans Received this Period</b>       |  |   |       |  |  |
| Name of Lender                             |  | Source of Loan:<br>Bank      Candidate      Individual      Other |       |  | Date of Receipt  |
| Street Address                             |  | City  | State | Zip Code   | Is there a cosigner or<br>Guarantor of this loan?<br>Yes      No |
| Name of Cosigner/Guarantor (if applicable) |  |   |       |  | <b>Amount Received</b>   |
| Street Address                             |  | City  | State | Zip Code   |  |
| <b>Total of Section D</b>                  |  |   |       |  |  |

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

|  |                   |   |                   |
|--|-------------------|---|-------------------|
| NAME OF COMMITTEE  |                   | TYPE OF REPORT  |                   |
| Gilchrest 2018   |                   | Second Weekly Supplemental Filing General Election - Original |                   |
| <b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |                   |   |                   |
| Date of Receipt  | Method of Payment |   | Amount            |
|  | Cash              | Personal Check  | Credit/Debit Card |
| <b>Total of Section E</b>  |                   |   |                   |

**I. Monetary Receipts (Section A-I)**

|   |      |   |          |
|---|------|---|----------|
| NAME OF COMMITTEE                                       |      | TYPE OF REPORT  |          |
| Gilchrest 2018  |      | Second Weekly Supplemental Filing General Election - Original |          |
| <b>G. Interest from Deposits in Authorized Accounts</b> |      |   |          |
| Name of Institution                                     |      | Date Received   | Amount   |
| Street Address  | City | State   | Zip Code |
| <b>Total of Section G</b>                               |      |   |          |

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

|  |                  |   |                  |
|--|------------------|---|------------------|
| NAME OF COMMITTEE  |                  | TYPE OF REPORT  |                  |
| Gilchrest 2018   |                  | Second Weekly Supplemental Filing General Election - Original |                  |
| <b>H. Public Grant Funds Received from the Citizens' Election Fund</b> |                  |   |                  |
| Purpose of Grant:  |                  | Grant Cycle:  | Date Received    |
| Initial  | Grant Adjustment | Primary   | General Election |
| Supplemental/Post Election Deficit                                     |                  | Special Election  | Amount           |
| <b>Total of Section H</b>  |                  |   |                  |

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

|  |  |      |                     |   |                 |
|--|--|------|---------------------|---|-----------------|
| NAME OF COMMITTEE  |  |      |                     | TYPE OF REPORT  |                 |
| Gilchrest 2018   |  |      |                     | Second Weekly Supplemental Filing General Election - Original |                 |
| <b>I. Miscellaneous Monetary Receipts not Considered Contributions</b> |  |      |                     |   |                 |
| Name   |  |      | Date of Transaction |   | Amount Received |
| Street Address   |  | City | State               | Zip Code  |                 |
| Description  |  |      |                     |   |                 |
| <b>Total of Section I</b>  |  |      |                     |   |                 |

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

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

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

|   |   |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT  |
| Gilcrest 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  |
| Gilcrest 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  |
| Gilchrest 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<br>No | Description of In-Kind Contribution  |  |
| If yes, list Event#   |           |  |  |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes<br>No | Is contributor a principal of a state contractor or prospective state contractor?<br>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  |
| Gilchrest 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  |            |       |                   |
| 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  |
| Gilchrest 2018  | Second Weekly Supplemental Filing General Election - Original |
| <b>N. Expenses Paid By Committee</b>                                    |   |

|   |             |                                  |   |                        |
|---|-------------|----------------------------------|---|------------------------|
| Name of Payee<br>Facebook, Inc.   |             | Date of Payment<br>10/17/2018    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>1 Facebook Way  |             | City<br>Menlo Park               | State<br>CA   | Zip Code<br>94025      |
| Purpose of Expend<br>A-WEB  | Description |                                  |   | Amount<br><br>\$132.36 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |             | Expenditure #<br>(if applicable) | Event #   |                        |

|   |   |                                  |   |                          |
|---|---|----------------------------------|---|--------------------------|
| Name of Payee<br>Hartford Prints!   |   | Date of Payment<br>10/18/2018    | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                          |
| Street Address<br>42 1/2 Pratt St   |   | City<br>Hartford                 | State<br>CT   | Zip Code<br>06103        |
| Purpose of Expend<br>A-DM   | Description<br>50% of cost of joint mailer with Beth Bye 2018 Committee |                                  |   | Amount<br><br>\$1,563.34 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |   | Expenditure #<br>(if applicable) | Event #   |                          |

|   |  |                                  |  |                        |
|---|--|----------------------------------|--|------------------------|
| Name of Payee<br>Camden Weber   |  | Date of Payment<br>10/18/2018    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>153</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                        |
| Street Address<br>124 Park Rd Fl 2  |  | City<br>West Hartford            | State<br>CT  | Zip Code<br>06119      |
| Purpose of Expend<br>WAGE   | Description<br>wages for week ending 10/17 |                                  |  | Amount<br><br>\$166.67 |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |  | Expenditure #<br>(if applicable) | Event #  |                        |

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

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

|   |  |  |                         |
|---|--|--|-------------------------|
| Name of Payee<br>Sarah McHale   | Date of Payment<br>10/18/2018  | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>154</u><br><input type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                         |
| Street Address<br>79 Ledyard Rd   | City<br>West Hartford  | State<br>CT  | Zip Code<br>06117       |
| Purpose of Expend<br>WAGE   | Description<br>Wages for week ending 10/17                             | Amount   |                         |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)   | Event #<br><br>\$111.00 |

|   |  |   |                         |
|---|--|---|-------------------------|
| Name of Payee<br>Facebook, Inc.   | Date of Payment<br>10/22/2018  | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                         |
| Street Address<br>1 Facebook Way  | City<br>Menlo Park   | State<br>CA   | Zip Code<br>94025       |
| Purpose of Expend<br>A-WEB  | Description  | Amount  |                         |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)  | Event #<br><br>\$217.15 |

|   |  |   |                           |
|---|--|---|---------------------------|
| Name of Payee<br>Hartford Prints!   | Date of Payment<br>10/23/2018  | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card<br><input type="checkbox"/> EFT |                           |
| Street Address<br>42 1/2 Pratt St   | City<br>Hartford   | State<br>CT   | Zip Code<br>06103         |
| Purpose of Expend<br>PRNT   | Description<br>Design and printing 4,000 GOTV door hangers             | Amount  |                           |
| Is this expenditure coordinated with another candidate for which reimbursement is sought?<br>If yes, assign an Expenditure # and complete Itemization in Addendum | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Expenditure #<br>(if applicable)  | Event #<br><br>\$1,191.12 |

Total of Section N

**\$3,381.64**

**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 |          |
| <b>O. Expenses Paid By Candidate</b>                                    |  |             |  |   |          |
| Name of Payee (Name of vendor who candidate paid directly)              |  |             |  | Date of Payment   |          |
|   |  |             |  | Is Reimbursement Claimed?<br>Yes                      No      |          |
| Street Address  |  | City        |  | State   | Zip Code |
|   |  |             |  |   |          |
| Purpose of Expenditure (by code)  |  | Description |  |   | Event #  |
|   |  |             |  |   |          |
| <b>Total of Section O</b>   |  |             |  |   |          |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  |   |  |   | TYPE OF REPORT  |                                  |
|--|---|--|---|---|----------------------------------|
| Gilchrest 2018   |   |  |   | Second Weekly Supplemental Filing General Election - Original |                                  |
| P. Expenses Incurred on Committee Credit Card  |   |  |   |   |                                  |
| Name of Issuing Institution<br>Peoples United Bank   |   |  | Type of Credit Card:<br><input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input type="checkbox"/> Other |   |                                  |
| Name of Vendor<br>Facebook, Inc.   |   |  |   | Date of Transaction<br>10/18/2018                             |                                  |
| Street Address<br>1 Facebook Way   |   |  | City<br>Menlo Park  |   | State    Zip Code<br>CA    94025 |
| Purpose of Expenditure (by code)<br>A-WEB  | Description   |  |   |   | Amount                           |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |   |  | Expenditure # (if applicable)   | Event #   | \$132.36                         |
| Name of Issuing Institution<br>Peoples United Bank   |   |  | Type of Credit Card:<br><input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input type="checkbox"/> Other |   |                                  |
| Name of Vendor<br>Hartford Prints!   |   |  |   | Date of Transaction<br>10/18/2018                             |                                  |
| Street Address<br>42 1/2 Pratt St  |   |  | City<br>Hartford  |   | State    Zip Code<br>CT    06103 |
| Purpose of Expenditure (by code)<br>A-DM   | Description<br>50% of cost of joint mailer with Beth Bye 2018 committee |  |   |   | Amount                           |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |   |  | Expenditure # (if applicable)   | Event #   | \$1,563.34                       |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)  |  |  |   | TYPE OF REPORT  |                                  |
|--|--|--|---|---|----------------------------------|
| Gilchrest 2018   |  |  |   | Second Weekly Supplemental Filing General Election - Original |                                  |
| P. Expenses Incurred on Committee Credit Card  |  |  |   |   |                                  |
| Name of Issuing Institution<br>Peoples United Bank   |  |  | Type of Credit Card:<br><input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input type="checkbox"/> Other |   |                                  |
| Name of Vendor<br>Facebook, Inc  |  |  |   | Date of Transaction<br>10/22/2018                             |                                  |
| Street Address<br>1 Facebook Way   |  |  | City<br>Menlo Park  |   | State    Zip Code<br>CA    94025 |
| Purpose of Expenditure (by code)<br>A-WEB  | Description  |  |   |   | Amount                           |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  | Expenditure # (if applicable)   | Event #   | \$217.15                         |
| If yes, assign an Expenditure # and complete Itemization in Addendum   |  |  |   |   |                                  |
| Name of Issuing Institution<br>Peoples United Bank   |  |  | Type of Credit Card:<br><input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express<br><input type="checkbox"/> Other |   |                                  |
| Name of Vendor<br>Hartford Prints!   |  |  |   | Date of Transaction<br>10/23/2018                             |                                  |
| Street Address<br>42 1/2 Pratt St  |  |  | City<br>Hartford  |   | State    Zip Code<br>CT    06103 |
| Purpose of Expenditure (by code)<br>PRNT   | Description<br>Design and printing 4,000 GOTV door hangers |  |   |   | Amount                           |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  | Expenditure # (if applicable)   | Event #   | \$1,191.12                       |
| If yes, assign an Expenditure # and complete Itemization in Addendum   |  |  |   |   |                                  |
| <b>Total of Section P</b>  |  |  |   |   | <b>\$3,103.97</b>                |

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

|   |   |
|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT  |
| Gilchrest 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<br><br>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  |
| Gilchrest 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:<br><br>Check #<br><br>Debit Card<br><br>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<br><br>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  |
| Gilchrest 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**

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

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

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



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

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