



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
<b>Beth Bye 2018</b>			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>Linda</b>	MI	Last <b>Levin</b>	Suffix		
4. TREASURER ADDRESS					
Street Address <b>3 Quail Holw</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)		7. DISTRICT NUMBER (if applicable)		
<b>11/06/2018</b>	<b>State Senator</b>		<b>S005</b>		
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Beth</b>	MI	Last <b>Bye</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>Linda Levin</b>	<b>10/24/2018 8:31:42AM</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>Beth Bye 2018</b>	Second Weekly Supplemental Filing General Election - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$80,680.86</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$18,144.00</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>\$95,710.00</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>\$113,854.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$80,680.86</b>	<b>\$113,854.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$31,404.51</b>	<b>\$64,577.65</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$49,276.35</b>	<b>\$49,276.35</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>\$131.85</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Beth Bye 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? If yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
Yes No Executive Legislative		Yes No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
Yes No If yes, list Event #	Cash Personal Check Money Order Credit/Debit Card		
<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	
Beth Bye 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?	
Yes No If yes, list Event #		Amount of Contribution	
City	State	Zip Code	Aggregate Contributions
Date Received			
<b>Total of Section C1</b>			

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

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

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

NAME OF COMMITTEE				TYPE OF REPORT	
Beth Bye 2018				Second Weekly Supplemental Filing General Election - Original	
<b>D. Loans Received this Period</b>					
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)					<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	
Beth Bye 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	
Beth Bye 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	
Beth Bye 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	
Beth Bye 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	
Beth Bye 2018				Second Weekly Supplemental Filing General Election - Original	
<b>J1. Event Information</b>					
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes                      No		
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
<b>Subpart 1:</b>		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			
<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
Beth Bye 2018	Second Weekly Supplemental Filing General Election - Original
<b>J3. In-Kind Donations Not Considered Contributions</b>	

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Beth Bye 2018	Second Weekly Supplemental Filing General Election - Original
<b>J4. In-Kind Donations Not Considered Contributions Associated with a House Party</b>	

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	

<b>Total of Section J4</b>	
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**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Beth Bye 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			
<b>Total of Section K</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Beth Bye 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
<b>Total of Section L</b>			Amount of Deposit



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

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

Name of Payee Cricket Press		Date of Payment 10/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1026</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 236 Park Rd		City West Hartford	State CT	Zip Code 06119
Purpose of Expend A-OTH	Description Stickers, Buttons, shirts			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 #
				\$1,032.00

Name of Payee Sawicki & Sons		Date of Payment 10/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1027</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1521 W Lafayette		City Detroit	State MI	Zip Code 48216
Purpose of Expend A-SIGN	Description Lawn 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 checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$953.00

Name of Payee Turley CT		Date of Payment 10/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1028</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 540 Hopmeadow St		City Simsbury	State CT	Zip Code 06070
Purpose of Expend A-NEWS	Description 3X3 ad for 10/26 edition			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 #
				\$631.81

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

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

Name of Payee COLAB	Date of Payment 10/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1029</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1429 Park St Ste 207	City Hartford	State CT	Zip Code 06106
Purpose of Expend A-DM	Description Design and Production of mailings and walk cards	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 #
			\$5,000.00

Name of Payee Essam Boraey	Date of Payment 10/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1030</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 144 Loomis Dr	City West Hartford	State CT	Zip Code 06107
Purpose of Expend WAGE	Description For period 9/24 - 10/7	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 #
			\$1,680.00

Name of Payee Susie Gardiner	Date of Payment 10/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1031</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 258 Funston Ave	City Torrington	State CT	Zip Code 06790
Purpose of Expend WAGE	Description For period covered 9/24 - 10/7	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 #
			\$500.00

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

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

Name of Payee Allied Printing Services		Date of Payment 10/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1032</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Allied Way		City Manchester	State CT	Zip Code 06045
Purpose of Expend PRNT	Description Printing mailings and postage for mailings and walk cards			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 #
				\$17,722.00

Name of Payee Hartford Prints		Date of Payment 10/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1033</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 42 1/2 Pratt St		City Hartford	State CT	Zip Code 06103
Purpose of Expend A-NEWS	Description Advertise			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 #
				\$1,563.35

Name of Payee Essam Boraey		Date of Payment 10/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1034</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 144 Loomis Dr		City West Hartford	State CT	Zip Code 06107
Purpose of Expend RMB	Description Reimbursement for food and Office Supplies			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 #
				\$66.83

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

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

Name of Payee Essam Boraey		Date of Payment 10/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1035</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 144 Loomis Dr		City West Hartford	State CT	Zip Code 06107
Purpose of Expend RMB	Description Reimbursement for Postage and Office Supplies			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 #
				\$75.52

Name of Payee Essam Boraey		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 144 Loomis Dr		City West Hartford	State CT	Zip Code 06110
Purpose of Expend WAGE	Description Wages for 10/8 to 10/21			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 #
				\$1,680.00

Name of Payee Susie Gardiner		Date of Payment 10/23/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1037</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 258 Funston Ave		City Torrington	State CT	Zip Code 06790
Purpose of Expend WAGE	Description 10/8 - 10/21			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 #
				\$500.00

Total of Section N

**\$31,404.51**

**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?
							Yes      No
Street Address			City		State	Zip Code	<b>Amount</b>
Purpose of Expenditure (by code)	Description				Event #		
<b>Total of Section O</b>							

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
Beth Bye 2018						Second Weekly Supplemental Filing General Election - Original	
<b>P. Expenses Incurred on Committee Credit Card</b>							
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					<b>Amount</b>	
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Yes	No		
If yes, assign an Expenditure # and complete Itemization in Addendum							
<b>Total of Section P</b>							

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Beth Bye 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
Beth Bye 2018	Second Weekly Supplemental Filing General Election - Original

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

Last Name of Worker/Consultant Boraey	First Essam	MI	Date of Payment to Vendor 10/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1034 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Lox Stock and Bagel
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Street Address of Vendor 332 N Main St	City West Hartford	State CT	Zip Code 06117
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Purpose of Expenditure (by code) FOOD	Description Morning Meeting with 11 Volunteers and Lit drop
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$43.59
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Boraey	First Essam	MI	Date of Payment to Vendor 10/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1034 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples
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Street Address of Vendor 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117
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Purpose of Expenditure (by code) OFFICE	Description Office Supplies
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$5.24
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Beth Bye 2018	Second Weekly Supplemental Filing General Election - Original

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

Last Name of Worker/Consultant Boraey	First Essam	MI	Date of Payment to Vendor 10/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1034 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Town of West Hartford
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Street Address of Vendor 1106 New Britain Ave	City West Hartford	State CT	Zip Code 06110
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Purpose of Expenditure (by code) A-OTH	Description Rental Fee for Community Conversations with Democratic Candidates - Portion allocated by town
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$18.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Boraey	First Essam	MI	Date of Payment to Vendor 10/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1035 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant USPS
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Street Address of Vendor 12 Crossroads Plz	City West Hartford	State CT	Zip Code 06117
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Purpose of Expenditure (by code) POST	Description Stamps
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$50.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Beth Bye 2018	Second Weekly Supplemental Filing General Election - Original

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

Last Name of Worker/Consultant Boraey	First Essam	MI	Date of Payment to Vendor 10/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1035 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples
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Street Address of Vendor 2550 Albany Ave	City West Hartford	State CT	Zip Code
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Purpose of Expenditure (by code) OFFICE	Description Office Supplies
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$25.52
If yes, assign an Expenditure # and completes Itemization in Addendum R			

**Total of Section R****\$142.35****IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Beth Bye 2018	Second Weekly Supplemental Filing General Election - Original

**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient
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Street Address	City	State	Zip Code	Original Purchase Amount of Item
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Description of Item
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**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