



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Markley for LG			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First William	MI J	Last Stanley		Suffix	
4. TREASURER ADDRESS					
Street Address 445 Wild Flower Pl	City Cheshire	State CT	Zip Code 06410		
5. ELECTION DATE 11/06/2018	6. OFFICE SOUGHT (Complete only if Candidate Committee) Lieutenant Governor			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Joseph	MI C	Last Markley		Suffix	
9. TYPE OF REPORT					
Termination Report for Candidate and Exploratory Committees (Non Standard) - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
09/01/2018		thru		09/19/2018	
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	William Stanley	09/20/2018 5:20:00PM			
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	
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - 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	\$36,086.27	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$85,557.42
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$148.58	\$409,290.03
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)	\$148.58	\$494,847.45
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$36,234.85	\$494,847.45
20. Expenses Paid by Committee (Section N)	\$35,559.33	\$493,715.02
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$675.52	\$1,132.43
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	\$1,320.00
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	\$25.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Markley for LG		Termination Report for Candidate and Exploratory Committees (Non Standard) - 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?	
Yes No Executive Legislative		Yes No	
Amount of Contribution If yes, list Event #		Date Received Aggregate Contributions	
Is this contribution associated with an event reported in Section J1?	Method of contribution:	Date Received	Aggregate Contributions
Yes	Cash Personal Check		
No	Money Order Credit/Debit Card		
Total of Section B			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			(Sections A + B) (Total on Line 14, Column A of Summary Page)

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Markley for LG		Termination Report for Candidate and Exploratory Committees (Non Standard) - Original	
C1. Contributions from Other Committees			
Name of Committee		Name of Treasurer	
Address		Is this contribution associated with an event reported in Section J1?	
		Yes No If yes, list Event #	
City	State	Zip Code	Amount of Contribution
		Date Received	Aggregate Contributions
Total of Section C1			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Markley for LG				Termination Report for Candidate and Exploratory Committees (Non Standard) - 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	
Markley for LG				Termination Report for Candidate and Exploratory Committees (Non Standard) - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					
Street Address		City	State	Zip Code	Amount Received
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Markley for LG		Termination Report for Candidate and Exploratory Committees (Non Standard) - 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	
Markley for LG		Termination Report for Candidate and Exploratory Committees (Non Standard) - 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	
Markley for LG		Termination Report for Candidate and Exploratory Committees (Non Standard) - 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	
Markley for LG				Termination Report for Candidate and Exploratory Committees (Non Standard) - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Rent a Center			09/12/2018		
Street Address		City	State	Zip Code	
311 W Main St		Meriden	CT	06451	
Description					Amount Received
refund of erroneous charge					
Total of Section I					\$148.58

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT		
Markley for LG				Termination Report for Candidate and Exploratory Committees (Non Standard) - Original		
J1. Event Information						
Event #	Description			Was this a fundraising event?		
Date of Event	Letter				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
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address	City	State	Zip Code
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Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

Total of Section J3

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - 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
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Street Address	City	State	Zip Code
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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
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - 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
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - 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
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - Original
N. Expenses Paid By Committee	

Name of Payee Digital Ocean.com		Date of Payment 09/04/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 101 Ave of the Americas		City Ny	State NY	Zip Code 10013
Purpose of Expend WEB	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 #
				\$17.00

Name of Payee Rent A Center		Date of Payment 09/04/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 311 W Main St		City Meriden	State CT	Zip Code 06451
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 #
				\$148.58

Name of Payee Votertrove		Date of Payment 09/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5112</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 921 Calvalry Ride Trl		City Austin	State TX	Zip Code 78732
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 #
				\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - Original
N. Expenses Paid By Committee	

Name of Payee Automated Business Solutions		Date of Payment 09/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5113</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 415 Kilvert St		City Warwick	State RI	Zip Code 02886
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 #
				\$512.55

Name of Payee i360		Date of Payment 09/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29374 Network Pl		City Chicago	State IL	Zip Code 60673
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 #
				\$1,767.37

Name of Payee James Darcey		Date of Payment 09/04/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5117</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Nicholas Ct		City Hamden	State CT	Zip Code 06518
Purpose of Expend TRVL	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 #
				\$49.09

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - Original
N. Expenses Paid By Committee	

Name of Payee Hannah Lemek		Date of Payment 09/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5108</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 51 Payton Ter		City Bristol	State CT	Zip Code 06010
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

Name of Payee Josiah Elsaghir		Date of Payment 09/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5118</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Box 243		City Plymouth	State CT	Zip Code 06782
Purpose of Expend TRVL	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 #
				\$103.00

Name of Payee Joseph Markley		Date of Payment 09/07/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5120</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Elm St .		City Plantsville	State CT	Zip Code
Purpose of Expend TRVL	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 #
				\$855.65

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - Original
N. Expenses Paid By Committee	

Name of Payee Scott Fisher	Date of Payment 09/11/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 38 Hanover Farms Rd	City Bolton	State CT	Zip Code 06043
Purpose of Expend TRVL	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 #
			\$237.08

Name of Payee Joe Horvath	Date of Payment 09/11/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 115 West Rd # 4025	City Ellington	State CT	Zip Code 06029
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 #
			\$1,500.00

Name of Payee Frank Fusco	Date of Payment 09/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5119</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 400 Beacon Hill Dr	City Cheshire	State CT	Zip Code 06410
Purpose of Expend TRVL	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 #
			\$287.76

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - Original
N. Expenses Paid By Committee	

Name of Payee James Darcey		Date of Payment 09/11/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5121</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 Nicholas Ct		City Hamden	State CT	Zip Code 06518
Purpose of Expend TRVL	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 #
				\$70.33

Name of Payee Jacob Marie		Date of Payment 09/12/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 32 Stuart Dr		City Tolland	State CT	Zip Code
Purpose of Expend TRVL	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 #
				\$470.33

Name of Payee Darter Specialties, Inc		Date of Payment 09/13/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 188		City Cheshire	State CT	Zip Code 06410
Purpose of Expend A-OTH	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 #
				\$264.55

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - Original
N. Expenses Paid By Committee	

Name of Payee CompuMail Corp		Date of Payment 09/13/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 298 Capt Lewis Dr .		City Southington	State CT	Zip Code 06489
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 #
				\$2,314.38

Name of Payee CompuMail Corp		Date of Payment 09/13/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 298 Capt Lewis Dr .		City Southington	State CT	Zip Code 06489
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 #
				\$2,665.07

Name of Payee CompuMail Corp		Date of Payment 09/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>5125</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 298 Capt Lewis Dr .		City Southington	State CT	Zip Code 06489
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 #
				\$16,676.59

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - Original
N. Expenses Paid By Committee	

Name of Payee I Heart Media	Date of Payment 09/19/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>134</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 495 Benham St	City Hamden	State CT	Zip Code 06518
Purpose of Expend A-RAD	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 #
			\$6,040.00

Name of Payee Nicholas Nemphos	Date of Payment 09/19/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 36 Tumblebrook Rd	City Bolton	State CT	Zip Code 06043
Purpose of Expend TRVL	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 #
			\$80.00

Total of Section N**\$35,559.33**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
						Termination Report for Candidate and Exploratory Committees (Non Standard) - 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	
Markley for LG						Termination Report for Candidate and Exploratory Committees (Non Standard) - Original	
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution					Type of Credit Card:		
					<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor						Date of Transaction	
Street Address				City		State	Zip Code
Purpose of Expenditure (by code)	Description					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Yes	No		
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
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - 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? If yes, assign an Expenditure # and completes Itemization in Addendum Q	Yes No	Expenditure # (if applicable)	Event #

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - Original

R. Itemization of Reimbursements and Secondary Payees

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

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Markley for LG	Termination Report for Candidate and Exploratory Committees (Non Standard) - 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