



Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
McKeen for State Senate			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Robin	MI	Last Hettrick		Suffix	
4. TREASURER ADDRESS					
Street Address 5 Shetland Dr	City Wallingford	State CT	Zip Code 06492		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/06/2018	State Senator			S034	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Aili	MI	Last McKeen		Suffix	
9. TYPE OF REPORT					
Third Weekly Supplemental Filing Primary - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/25/2018		thru		07/31/2018	
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	Robin Hettrick	08/02/2018 3:17:38PM			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
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.					

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	
McKeen for State Senate	Third Weekly Supplemental Filing Primary - 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	\$9,047.62	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$17,202.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$39,400.47	\$39,400.47
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)	\$39,400.47	\$56,602.47
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$48,448.09	\$56,602.47
20. Expenses Paid by Committee (Section N)	\$6,642.12	\$14,796.50
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$41,805.97	\$41,805.97
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	\$610.04
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	\$184.56
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)	\$1,350.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$1,377.58	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
McKeen for State Senate		Third Weekly Supplemental Filing Primary - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes No Executive Legislative			Yes No		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
If yes, list Event #	No	Cash	Personal Check		
		Money Order	Credit/Debit Card		

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

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
McKeen for State Senate	Third Weekly Supplemental Filing Primary - 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
McKeen for State Senate	Third Weekly Supplemental Filing Primary - 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
McKeen for State Senate	Third Weekly Supplemental Filing Primary - Original

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	07/31/2018	\$39,400.44
Total of Section H			\$39,400.44

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
McKeen for State Senate				Third Weekly Supplemental Filing Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name CEF			Date of Transaction 07/26/2018		Amount Received \$0.03
Street Address 20 Trinity St		City Hartford	State CT	Zip Code 06106	
Description Test Grant Transaction					
Total of Section I					\$0.03

II. EVENT ACTIVITY (Sections J1 - J4)

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

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	Third Weekly Supplemental Filing Primary - 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
McKeen for State Senate	Third Weekly Supplemental Filing Primary - 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
McKeen for State Senate	Third Weekly Supplemental Filing Primary - 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
McKeen for State Senate	Third Weekly Supplemental Filing Primary - 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
Total of Section L			Amount of Deposit

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	Third Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee CEF		Date of Payment 07/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>118</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 20 Trinity St		City Hartford	State CT	Zip Code 06106
Purpose of Expend CEF	Description Buffer Check			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 #
				\$1,239.00

Name of Payee Blue Edge Strategies		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>119</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend PRNT	Description Solicitation Letters			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 #
				\$529.92

Name of Payee Blue Edge Strategies		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>120</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend PRNT	Description Walkcards			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 #
				\$1,914.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	Third Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Blue Edge Strategies		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>121</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend Misc *	Description Canvassing			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 #
				\$765.00

Name of Payee Blue Edge Strategies		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>122</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend Misc *	Description Canvassing			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 #
				\$525.00

Name of Payee Blue Edge Strategies		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend A-WEB	Description Facebook Ad			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 #
				\$845.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	Third Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Blue Edge Strategies		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>124</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expend A-SIGN	Description 5 x 9 banners			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 # \$638.10

Name of Payee Aili McKeen		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>125</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 8 Burke Heights Dr		City Wallingford	State CT	Zip Code 06492
Purpose of Expend RMB	Description Reimbursement for Thank you notes			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 # \$185.50

Total of Section N**\$6,642.12**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
						Third Weekly Supplemental Filing Primary - 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		
McKeen for State Senate						Third Weekly Supplemental Filing Primary - Original		
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution					Type of Credit Card:			
					Visa	Master Card	Discover	American Express
					Other			
Name of Vendor						Date of Transaction		
Street Address				City		State	Zip Code	
Purpose of Expenditure (by code)	Description						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes	No	Expenditure # (if applicable)		Event #			
If yes, assign an Expenditure # and complete Itemization in Addendum								
Total of Section P								

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
McKeen for State Senate		Third Weekly Supplemental Filing Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor Blue Edge Strategies		Date Incurred 07/31/2018	
Street Address 54 Robert Rd	City Manchester	State CT	Zip Code 06040
Purpose of Expenditure (bv code) A-SIGN	Description lawn signs	Amount Incurred (Estimate or Actual)	
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 #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$1,350.00
Total of Section Q			\$1,350.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McKeen for State Senate	Third Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Farina	First Michael	MI	Date of Payment to Vendor 07/18/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 123 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant
Facebook Inc.

Street Address of Vendor 1601 Willow Rd	City Mento Park	State CA	Zip Code 94025-1452
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Purpose of Expenditure (by code) A-WEB	Description facebook ads
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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 \$25.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant McKeen	First Aili	MI	Date of Payment to Vendor 07/26/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 125 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant
Etsy

Street Address of Vendor 117 Adams St	City Brooklyn	State NY	Zip Code 11201
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Purpose of Expenditure (by code) OFFICE	Description thank you notes
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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 \$185.50
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
McKeen for State Senate	Third Weekly Supplemental Filing Primary - Original
R. Itemization of Reimbursements and Secondary Payees	

Last Name of Worker/Consultant Farina	First Michael	MI	Date of Payment to Vendor 07/27/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 124 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Blue Wave Printing & Display				
Street Address of Vendor 146 Sheldon Rd		City Manchester		State CT
		Zip Code 06040		
Purpose of Expenditure (by code) A-SIGN	Description Banners			
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 \$597.50
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Farina	First Michael	MI	Date of Payment to Vendor 07/29/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 123 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Facebook Inc.				
Street Address of Vendor 1601 Willow Rd		City Mento Park		State CA
		Zip Code 94025-1452		
Purpose of Expenditure (by code) A-WEB	Description facebook ads			
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 \$49.33
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
McKeen for State Senate	Third Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Farina	First Michael	MI	Date of Payment to Vendor 07/31/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 123 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant
Facebook Inc.

Street Address of Vendor 1601 Willow Rd	City Mento Park	State CA	Zip Code 94025-1452
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Purpose of Expenditure (by code) A-WEB	Description facebook ads
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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 \$26.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Farina	First Michael	MI	Date of Payment to Vendor 07/31/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 123 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant
Facebook Inc.

Street Address of Vendor 1601 Willow Rd	City Mento Park	State CA	Zip Code 94025-1452
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Purpose of Expenditure (by code) A-WEB	Description facebook ads
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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 \$526.02
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Total of Section R

\$1,409.35

IV. EXPENDITURES (Sectuibs N - S)

IV. EXPENDITURES (Sectuibs N - S)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT
McKeen for State Senate			Third Weekly Supplemental Filing Primary - Original
S. Surplus Distribution of Equipment and Furniture			
Name of Recipient			
Street Address	City	State	Zip Code
Description of Item			Original Purchase Amount of Item
			Total of Section S

Section J4. ADDENDUM

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

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