



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Colin Hosten Election Committee			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>Esther</b>	MI	Last <b>Murillo</b>		Suffix	
4. TREASURER ADDRESS					
Street Address <b>37 Rowayton Woods Dr</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06854</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>R140</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Colin</b>	MI <b>A</b>	Last <b>Hosten</b>		Suffix	
9. TYPE OF REPORT					
<b>Third Weekly Supplemental Filing Primary - Original</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>07/25/2018</b>		thru		<b>07/31/2018</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>Esther Murillo</b>	<b>08/02/2018 11:55:10PM</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>Colin Hosten Election Committee</b>	Third Weekly Supplemental Filing Primary - 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>\$364.91</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$6,455.00</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>\$28,150.00</b>	<b>\$28,400.00</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>\$28,150.00</b>	<b>\$34,855.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$28,514.91</b>	<b>\$34,855.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$8,490.91</b>	<b>\$14,831.00</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$20,024.00</b>	<b>\$20,024.00</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>\$0.00</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>\$2,500.00</b>	<b>\$2,813.91</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>\$7,285.90</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Colin Hosten Election Committee		Third Weekly Supplemental Filing Primary - 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?		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		

<b>Total of Section B</b>				
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (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	
Colin Hosten Election Committee				Third Weekly Supplemental Filing Primary - 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?		Amount of Contribution
			Yes      No 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	
Colin Hosten Election Committee				Third Weekly Supplemental Filing Primary - 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	
Colin Hosten Election Committee				Third Weekly Supplemental Filing Primary - 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	
Colin Hosten Election Committee		Third Weekly Supplemental Filing Primary - 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	
Colin Hosten Election Committee		Third Weekly Supplemental Filing Primary - 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	
Colin Hosten Election Committee		Third Weekly Supplemental Filing Primary - Original	
<b>H. Public Grant Funds Received from the Citizens' Election Fund</b>			
Purpose of Grant:		Grant Cycle:	Date Received
<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	07/26/2018
			\$28,150.00
<b>Total of Section H</b>			<b>\$28,150.00</b>

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

NAME OF COMMITTEE	TYPE OF REPORT
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - Original

**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		

**Total of Section I****II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Colin Hosten Election Committee	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		
<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		

**Total of Section J1**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Colin Hosten Election Committee	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	Date Received	Event #	Aggregate value for this event	
Business Entity				
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
Colin Hosten Election Committee	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
Colin Hosten Election Committee	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			
<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
Colin Hosten Election Committee	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
<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
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Nancy on Norwalk		Date of Payment 07/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>112</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 525		City Norwalk	State CT	Zip Code 06852
Purpose of Expend A-WEB	Description NancyonNorwalk 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 #
				\$180.00

Name of Payee Triangle Community Center		Date of Payment 07/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>113</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 650 West Ave		City Norwalk	State CT	Zip Code 06850
Purpose of Expend A-OTH	Description Invoice 20185254			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 #
				\$200.00

Name of Payee Esther Murillo		Date of Payment 07/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>114</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Rowayton Woods Dr		City Norwalk	State CT	Zip Code 06854
Purpose of Expend RMB	Description Copies and Postage fees			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 #
				\$50.51

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee DNA Campaigns LLC		Date of Payment 07/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 800 Village Walk # 248		City Guilford	State CT	Zip Code 06437
Purpose of Expend CNSLT	Description Invoice #18-243			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 #
				\$1,564.77

Name of Payee DNA Campaigns LLC		Date of Payment 07/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>116</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 800 Village Walk # 248		City Guilford	State CT	Zip Code 06437
Purpose of Expend CNSLT	Description Invoice 18-272			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 #
				\$2,273.27

Name of Payee Annapurna Duleep		Date of Payment 07/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>117</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Briarwood Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend RMB	Description 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 #
				\$62.87

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Annapurna Duleep		Date of Payment 07/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>118</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Briarwood Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend RMB	Description DD			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 #
				\$9.49

Name of Payee Annapurna Duleep		Date of Payment 07/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>120</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Briarwood Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend WAGE	Description Week of July 3-9			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

Name of Payee Annapurna Duleep		Date of Payment 07/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>121</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Briarwood Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend WAGE	Description Week of July 10-16			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
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Annapurna Duleep		Date of Payment 07/26/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>122</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Briarwood Rd		City Norwalk	State CT	Zip Code 06850
Purpose of Expend WAGE	Description Week of July 17-23			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

Name of Payee Brad Schmidt		Date of Payment 07/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>123</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 S Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Week of July 14 - 20			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 #
				\$75.00

Name of Payee Brad Schmidt		Date of Payment 07/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>124</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 40 S Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description Week of July 21-27			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 #
				\$75.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Colin Hosten	Date of Payment 07/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>125</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 28 Dock Rd	City Norwalk	State CT	Zip Code 06854
Purpose of Expend RMB	Description HQ deposit and 1st month	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 #
			\$2,500.00
<b>Total of Section N</b>			<b>\$8,490.91</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT		
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - Original		
<b>O. Expenses Paid By Candidate</b>			
Name of Payee (Name of vendor who candidate paid directly) Colin Hosten	Date of Payment 07/05/2018	Is Reimbursement Claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address 28 Dock Rd	City Norwalk	State CT	Zip Code 06854
Purpose of Expenditure (by code) OVHD	Description	Event #	Amount
			\$2,500.00
<b>Total of Section O</b>			<b>\$2,500.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - 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	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
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - 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 (by 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
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant  Romano	First  Patrick	MI	Date of Payment to Vendor  06/17/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 116 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
----------------------------------------------	----------------------	----	---------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Vendor Paid by Committee Worker/Consultant Total Graphic Solutions
-------------------------------------------------------------------------------

Street Address of Vendor PO Box 56	City Farmington	State CT	Zip Code 06032
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Purpose of Expenditure (by code) PRNT	Description Invoice 18-272
------------------------------------------	-------------------------------

Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount  \$2,273.27
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Last Name of Worker/Consultant  Romano	First  Patrick	MI	Date of Payment to Vendor  06/17/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 115 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
----------------------------------------------	----------------------	----	---------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Vendor Paid by Committee Worker/Consultant Total Graphic Solutions
-------------------------------------------------------------------------------

Street Address of Vendor PO Box 56	City Farmington	State CT	Zip Code 06032
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Purpose of Expenditure (by code) PRNT	Description Invoice 18-243
------------------------------------------	-------------------------------

Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount  \$1,020.00
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### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Murillo	First Esther	MI	Date of Payment to Vendor 06/27/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
-------------------------------------------	-----------------	----	-----------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Vendor Paid by Committee Worker/Consultant FedEX Office Print & Ship Center
----------------------------------------------------------------------------------------

Street Address of Vendor 777 Connecticut Ave	City Norwalk	State CT	Zip Code 06854
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Purpose of Expenditure (by code) OVHD	Description
------------------------------------------	-------------

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 \$40.65
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Murillo	First Esther	MI	Date of Payment to Vendor 06/27/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 114 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
-------------------------------------------	-----------------	----	-----------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name of Vendor Paid by Committee Worker/Consultant USPS
------------------------------------------------------------

Street Address of Vendor 1 Barry Pl # 1	City Stamford	State CT	Zip Code 06902
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Purpose of Expenditure (by code) POST	Description
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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 \$9.85
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
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Hosten	First Colin	MI	Date of Payment to Vendor 07/05/2018	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 Sono Spaces
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Street Address of Vendor 23 S Main St	City Norwalk	State CT	Zip Code 06854
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Purpose of Expenditure (by code) OVHD	Description HQ deposit and 1st month
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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 \$2,500.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Dunleep	First Annapurna	MI	Date of Payment to Vendor 07/07/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 118 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Dunkin Donuts
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Street Address of Vendor 650 West Ave	City Norwalk	State CT	Zip Code 06851
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Purpose of Expenditure (by code) OVHD	Description
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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 \$9.49
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
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - Original

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

Last Name of Worker/Consultant Dunleep	First Annapurna	MI	Date of Payment to Vendor 07/09/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 117 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Walmart				
Street Address of Vendor 650 Main Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expenditure (by code) OFFICE	Description Office supplies			
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 \$62.87	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
<b>Total of Section R</b>				<b>\$5,916.13</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Colin Hosten Election Committee	Third Weekly Supplemental Filing Primary - 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				
<b>Total of Section S</b>				

<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